

L17000178783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

Dima Heavitt

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900306744949

L17-178783

12/08/17--01030--023 \*\*49.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2018 APR -5 AM 9:56

N. CAUSSEAU

APR 6 2018

COVER LETTER

217-178783

TO: Registration Section  
Division of Corporations

SUBJECT: DIMA Health & Fitness, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly C. Sikorski  
Name of Person

DIMA Health & Fitness, LLC  
Firm Company

1615 S. Combee Rd  
Address

Lakeland, FL 33801  
City/State and Zip Code

DIMA Healthfitness@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Sikorski  
Name of Person

at ( 813 )  
Area Code

763-5892  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status  
*Already paid*

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Legend Health & Fitness, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 21, 2017 and assigned  
Florida document number L17000178783.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DINA Health & Fitness, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1615 S. Combee Road  
Lakeland, FL 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as street address

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------------|----------------|---------------------------------|
|              | <u>No Changes</u> |                | <input type="checkbox"/> Add    |
|              |                   |                | <input type="checkbox"/> Remove |
|              |                   |                | <input type="checkbox"/> Change |
|              |                   |                | <input type="checkbox"/> Add    |
|              |                   |                | <input type="checkbox"/> Remove |
|              |                   |                | <input type="checkbox"/> Change |
|              |                   |                | <input type="checkbox"/> Add    |
|              |                   |                | <input type="checkbox"/> Remove |
|              |                   |                | <input type="checkbox"/> Change |
|              |                   |                | <input type="checkbox"/> Add    |
|              |                   |                | <input type="checkbox"/> Remove |
|              |                   |                | <input type="checkbox"/> Change |
|              |                   |                | <input type="checkbox"/> Add    |
|              |                   |                | <input type="checkbox"/> Remove |
|              |                   |                | <input type="checkbox"/> Change |

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATE AFFAIRS  
 2018 APR -5 AM 9:56  
 Add  
 Remove  
 Change

