

L17000203509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

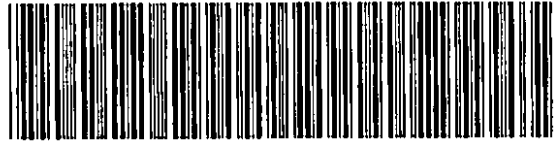
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JAN 30 2018

S. WARREN

JAN 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Fitness ONE 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:

Storm Paddy
Name of Person

pro fitness one LLC
Firm/Company

340 Tuscan way apt 105
Address

mellbourne / florida / 32940
City/State and Zip Code

Stormid777@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Storm Paddy at (321) 4582023
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

pro fitness one

(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 October 2, 2017 and assigned Florida document number L17000203509

This amendment is submitted to amend the following:

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

Courtney's Color Bar LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2130 US1 suite A1
rockledge florida
329505

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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

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FLORIDA

MGR = Manager
AMBR = Authorized Member

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

My wife, Courtney Dobby, will need to have an LLC to do business in Broward Florida, and we are amending my LLC to do so. I have never used this company to do any business, and she will be ready ~~to~~ to manage this company within 1 to 2 weeks. The nature of this business will be in hair, and she is a licensed cosmetologist. She will be sharing this location with my mother, Peral Dobby, who is a master stylist. My mother is terminally ill, and will be transferring ~~all~~ her knowledge, skills, and clients to Courtney when it is her time to pass. Please amend this LLC as soon as possible, so we can put this company to use.

Storm Dobby

E. Effective date, if other than the date of filing: 2/5/18 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____

Storm Dobby

Signature of a member or authorized representative of a member

Storm Dobby

Typed or printed name of signee

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FLORIDA