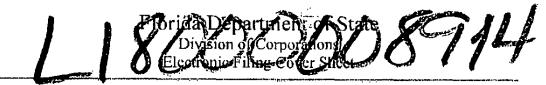
2/14/2018

Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM ING.

Account Number : I20010000062 Phone : (323)962-8600

: (323)962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future 🔆 🗀 annual report mailings. Enter only one email address please. \*\*

Email	Address:	 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M4 DESIGN & BUILD, LLC

Certificate of Status	0	
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TO:

## **COVER LETTER**

	stration Section of Corp				
	M4 DESIG	N & BUILD, LLC			
SUBJECT: _		Name of Limi	ted Liability Company		
The enclosed i	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return a	all correspond	dence concerning this matter (	o the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.		•	
			Firm/Company		uæ.
		101 N. Brand Blvd., 11th	die		
			Address		
		Glendale, CA 91203			
			City/State and Zip Code		
		bmalkire@gmail.com			
		Femail address: (1	a be used for future amount report mist	(cation)	
For further inf	ormation cor	ncerning this matter, please ca	II:	٠	
Cheyenne M	loselcy		800 773-0888 ex		,
	Name of	Person	Area Code Daytime	Telephone Number	
			A Company of the Comp		
Enclosed is a	check for the	following amount:			
□ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee-& Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)	
			· · · · · · · · · · · · · · · · · · ·		

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

1,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGAMIZATION OF

M4 DESIGN & BUILD, LLC	:	
(Name of the Limited Liability (A Florida	y Company as it now appears on ( Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000008914</u>	ompany were filed on 01/10/2	
This amendment is submitted to amend the following:	ř.	
A. If amending name, enter the new name of the limit	ted liability company here:	
Body Mechanix Physiotherapy and Fitness, LLC		
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		司一型
(Principal office address MUST BE A STREET ADDR	ESS)	5 5 5
Enter new mailing address, if applicable:	William Str. No.	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
TO The state of th	,	
B. If amending the registered agent and/or registered agent and/or the new registered office-addresses.	ered office address on our <u>ess here</u> :	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	,	
New Neglistered Office Address.	Enter Florida sti	vet address
	, Florida	
	Ciţı	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and coaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my a ent as provided for in Chapi	hities, and I am familiar with and ver 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
		130 A. 1860 A.	
			Remove
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			Remaye 100 Add 23
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<del></del>			Add
			Remove

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PAGE U5/U9

D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary,	J <sup>*</sup>
			<del></del>
			~****
	•		<del></del>
E,	(The eff	tive date, if other than the date of filing:	<u></u>
	Dated	11-1	
		Signature of a member of authorized a presentative of a member	
		Brandon M Alkire	<del></del>
		Typed or printed name of signed	雷丁
			H 10: 03
		· · ·	S

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Fiting Fee: \$25.00