

LI8000 109698

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

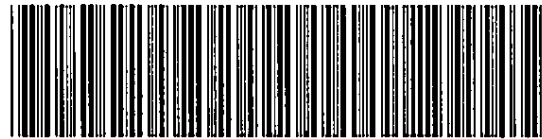
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900313383969

05/18/18--01007--019 ♦♦25.00

FILED  
2018 MAY 18 AM 11:44  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Club Pilates of Melbourne 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:

Emily Rehkop  
Name of Person  
Club Pilates of Melbourne LLC  
Firm/Company  
2740 Waring Lane  
Address  
Melhor FL 32950  
City/State and Zip Code  
emily.rehkop@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Rehkop at (732) 566-1122  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Club Pilates of Melbourne LLC

The Articles of Organization for this Limited Liability Company were filed on May 1<sup>st</sup> 2018 and assigned Florida document number L1800001091098

Page 1 of 3

FILED  
2018 MAY 18 AM 11:44  
SECURITY/CRIMINAL  
FALL HARBOR, FLORIDA  
Zip Code: 34644

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>
MGR	Christopher Heath Rehkop	2740 Waring Lane	<input type="checkbox"/> Add
		Malabar FL	<input type="checkbox"/> Remove
		32950	<input checked="" type="checkbox"/> Change
MGR	Emily Rehkop	2740 Waring Lane	<input checked="" type="checkbox"/> Add
		Malabar FL	<input type="checkbox"/> Remove
		32950	<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

2000 MAY 28 AM 11:44  
FALLAHASBEEL LONDO.

2008 MAY 18 AM 11:44  
TALLAHASSEE, FLORIDA

FILED

**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.

Dated May 15 2018

Emy Rehkop  
Signature of a member or authorized representative of a member

Emily Rehkopf  
Typed or printed name of signee