

MI0000004890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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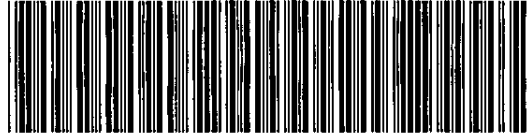
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
RECEIVED JAN 17 2015

B. BOSTICK  
JAN 29 2015  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PIVOTAL FITNESS OF FORT LAUDERDALE, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK S. GRAND, ESQ.

Name of Person

GRAND & GRAND, P.A.

Firm/Company

4010 Sheridan Street

Address

Hollywood, FL 33021

City/State and Zip Code

tbyrne@newrivercapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna

Name of Person

at ( 954 ) 989-2889

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E055 (12/13)

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: PIVOTAL FITNESS OF FORT LAUDERDALE, LLC
2. Jurisdiction of its organization: Delaware M10-4890
3. Date authorized to do business in Florida: November 4, 2010

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Remove Manager, Michael S. Bush, 110 SE 6th St., Fort Lauderdale, FL 33301

Add as Manager: Pivotal Fitness, LLC, 4521 Sharon Rd., Suite 370, Charlotte, NC 28211

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Douglas G. Anderson  
Signature of the authorized representative

Douglas G. Anderson, CFO  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2010 JAN 16 P 3:10  
CLERK OF THE COURT  
JAN 16 2010