

L11000021369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

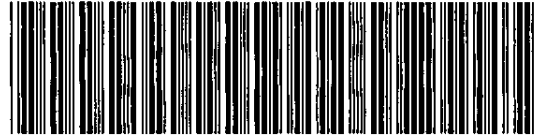
(Business Entity Name)

(Document Number)

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13 NOV 26 PM 10:55  
STATE OF CALIFORNIA  
SANTA ANA COUNTY

J. Stivers DEC 02 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Scientific Exercise Systems, 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:

Jason Hamilton Mikes  
Name of Person  
Hamilton Mikes, P.A.  
Firm/Company  
711 5th Ave. South #212  
Address  
Naples, FL 34102  
City/State and Zip Code  
Jason@Hamiltonmikes.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Hamilton Mikes at ( 239 ) 594-7227  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$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

13 NOV 06 PM 10:53  
CORPORATION DIVISION  
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Scientific Exercise Systems, 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 2/18/11 and assigned Florida document number L11000021369.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)*

711 5th Ave. South  
Suite 212  
Naples, FL 34102

Enter new mailing address, if applicable:  
*(Mailing address MAY BE A POST OFFICE BOX)*

711 5th Ave. South  
Suite 212  
Naples, FL 34102

**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: Hamilton Mikes, P.A.

New Registered Office Address: 711 5th Ave. South #212  
*Enter Florida street address*

Naples, Florida 34102  
*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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

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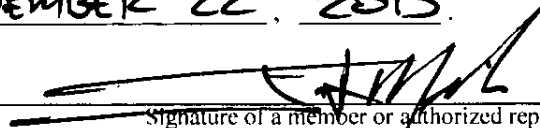
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Dated NOVEMBER 22, 2013.



Signature of a member or authorized representative of a member

Jason Hamilton Mikes

Typed or printed name of signee

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Filing Fee: \$25.00

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RECEIVED  
FILING OFFICE  
STATE OF ARIZONA