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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: En Joy Fitness, LCC 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:
Joy Murphy Name of Perfor En Joy Fitness, LLC Finn/Company 3339 Line Judge Ct. Address Jackson Ville, FL 32277 City/State and Zip Code Joy a Rnjoy fitness; Tox. Com E-thail address: To be used for future annual report notification)
For further information concerning this matter, please call:
Joy Murphy at (904) 234-7258 Name of Person J Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

(Name of the Limited Lin	Lity Company as it now appears on our renda Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number <u>L 13000025</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the li	Company were filed on	2017 and assigned
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our reco ldress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street ua	ldress
		, 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

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

Title	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00