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SECRETARY OF STATE TALL AHASSEE, FLORIDATE TALL AHASSEE, FLORIDATE TO MAIN -8 PM 5: 24

MAY 1 0 2017 S. YOUNG

COVER LETTER

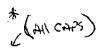
TO: Registration Section Division of Corporations	•
SUBJECT: MUSC	E MOOSE LLC e of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
	nothy L- Grezlik the
6215	Firm/Company ASTER NO ASTER NO ASTER NO
Dort	Address St. Lucie Fl. 34953 City/State and Zip Code 2 Grand / Com dress/(to be used for future aphual report notification)
For further information concerning this matter, p	
Timothy Gueslik Name of Person	at (772) 353 7449 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	•
□ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of St	

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



MUSCLE MOOS	E, LLC
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it how appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L14000047605</u>	ere filed on MARCh 24, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Fitness Pro Coack The new name must be distinguishable and contain the words "Limited Liability"	LLC
Enter new principal offices address, if applicable:	TA PER SECOND
(Principal office address MUST BE A STREET ADDRESS)	AH AH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PA SEE FLORIDE
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of the new
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
	The state of the s

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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			· Add
			☐ Remove
			□ Change
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			□ Change

Effective date, if other than the date of filing: [Optional] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 005.9207 (3)th 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. The 90th day after the record is filed. Dated 1 2017 Signature of anythinger or audiorized representative of a member Signature of anythinger or audiorized representative of a member Signature of anythinger or audiorized representative of a member Signature of anythinger or audiorized representative of a member Signature of anythinger or audiorized representative of a member Signature of anythinger or primed mace of signer		ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Signature of a momber or authorized representative of a member	e record : The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the h day after the record is filed.	earlier of:
	ated	May 4 3017	
$\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$	_	Signature of a momber or authorized representative of a member	
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Filing Fee: \$25.00