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DEC 1 5 2016 S. YOUNG SECRETARY OF TATE

COVER LETTER

Division of Corporations	
SUBJECT: FITNESS & BUSINESS Productions 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:	
Marrea Sotologo Name of Person	
Firm/Company	
750 Part 01 00 1017 F SE	
Address Address	
arxandna, VA 22314 ====================================	
City/State and Zip Code 10W COS+N COVINGO A MOUL COM E-mail address: (to be used for future alphual report notification)	<i>?</i>
For further information concerning this matter, please call:	w
Ondrea Sotto Congression at (365) 181-4655 Name of Person Daytime Telephone Number)(t
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \ \text{(additional copy is enclosed)}\$\$ Certified Copy \ \text{(additional copy is enclosed)}\$\$ Certified Copy \ \text{(additional copy is enclosed)}\$\$	

TO:

Registration Section

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

FITHESS BUSINES DIO di Name of the Limited Liability Compai (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000205722</u> .	were filed on 12 9 15 and ass	signed
This amendment is submitted to amend the following:	<u> </u>	3 [2]
A. If amending name, enter the new name of the limited liabi	ility company here:	日 元第一
The new name must be distinguishable and contain the words "Limited Liabil	Ity Company," the designation "LLC" or the abbreviation "L	
Enter new principal offices address, if applicable:	1276 SW 112 Way	1: 6
(Principal office address MUST BE A STREET ADDRESS)	DWIL, TI 31329	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	750 Port St. Suite la alexandria, Virginia	217 22316
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street uddress	
***	, Florida	
	City Zip Code	
New Degistered Agent's Signature if shonging Degistered Agent.		

New Registered Agent's Signature, it 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, \underline{enter} the title, name, and address of each person being added \underline{or} removed from our records:

MGR = Manager

<u> Citle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			☐ Remove
			☐ Ghange
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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	
	
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•	PH
	<u> </u>
(If an effect Note: If	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.
Dated _	December 8th, 2016.
	Signature of a member or authorized representative of a member
	andrea Sotoloma o

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Filing Fee: \$25.00