

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000222004 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

24 JUN 27 PM 12:18

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DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CEDAR PARK FITNESS PARTNERS, LLC

Certificate of Status	0
Certified Copy	1
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M. SOLOMON

JUN 28 2024

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2024 JUN 27 PM 3:17

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

H24000222004

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cedar Park Fitness Partners, 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 01/19/2016 and assigned
Florida document number L16000012751.

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 contain 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)

3900 Medical Parkway

Austin, Texas 78756

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3900 Medical Parkway

Austin, Texas 78756

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:

New Registered Office Address:

Enter Florida street address

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Terry Blachek	PO Box 18203	☐ Add
		Tampa, FL 33679	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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 SECURITY COPY OF STATE
 DIVISION OF REVENUE

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

Article V is deleted in its entirety.

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DIVISION OF RECORDS

E. 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 25, 2024

Jeff Manassero

Signature of a member or authorized representative of a member

Jeffrey R. Manassero, Vice President

Typed or printed name of signee

PL035-12/16/2021 Watson Khawer Oadum

Filing Fee: \$25.00

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