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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

: (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.

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REPENDENCE OF STATES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLLEGE STATION FITNESS PARTNERS LLC

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K. SALY

JUN 28 2024

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

SELECTION OF SELEC College Station 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 $\frac{03-14-2016}{2}$ Florida document number L16000051567 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 "LLC". 3900 Medical Parkway Enter new principal offices address, if applicable: Austin, Texas 78756 (Principal office address MUST BE A STREET ADDRESS) 3900 Medical Parkway Enter new mailing address, if applicable: Austin, Texas 78756 (Malling address MAY BE A POST OFFICE BOX) 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 _

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	Address	Type of Action
MGR	Terry Blachek	PO Box 18203	□Add
		Tampa, FL 33679	■ Remove
			□Change
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cord spe s filed.	cifies a delayed effective d	ate, but not an effective tir	nc, at 12:01 a.m. on the	e carlier of: (b)	he 90th day after the
ed	June 25				
7	Jeff Manassero Manassero (Jun 26, 2024 18:44 PDT)	·			
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