

6/17/2018

Division of Corporations  
**Florida Department of State**  
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DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**EQUILIBRIUM FITNESS LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**EQUILIBRIUM FITNESS 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 05/18/2018 and assigned Florida document number L18000125468.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:

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:  
Document Number:  
New Registered Office Address:

**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 positions 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.

\_\_\_\_\_  
New Registered Agent

\_\_\_\_\_  
If changing Registered Agent, Signature of

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= Manager  
AMBR= Authorizes Member

<u>Title</u>	<u>Name</u>	<u>Type of Action</u>
MGR	RONAN COELHO ORIQUES	REMOVE

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C. If amending any other information, enter changes(a) here: (Attach additional sheets, if necessary.)


D. Effective date, if other than the date of filing: 06/01/2018 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of States)

Dated: 06/01/2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Bernadette A Anthony Oriques – Manager

\_\_\_\_\_  
Typed or printed name of signee

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