## L08000065935

(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	ısiness Entity Nar	ne)	
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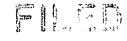
## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: PC	OWERHOUSE GYN	// TAMPA BAY, LLC	4		
		ited Liability Company)	_		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	MATTHEW J. MIDYETT				
	(Name of Person)				
		(I) (Q			
(Firm/Company)					
	10006 CROSS C	REEK BLVD. STE 114			
		(Address)			
	TAMPA, FLORIDA	33647			
		(City/State and Zip Code)			
For further information co	oncerning this matter, please c	all:			
	· · · · · · · · · · · · · · · · · · ·				
MATTHEW J. MI	DYETT f Person)	at ( 310 ) 925-9793 (Area Code & Daytime To	Jankana Niverkan)		
(name o	i reison)	(Area Code & Daytime 16	nephone (vumber)		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION 08 AUG 14 AM 8: 52

SECRETARY OF STATE
TALL AHASSEF FLORIDA

POWERHOUSE GYM			FLURIUA	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appea iability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	JULY 8, 2008	and assigned	
Florida document number L08000065935				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company he	ere:		
WESTSIDE FITNES	S, LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	1120 E. KENNEDY BLVD. STE 129			
(Principal office address MUST BE A STREET ADDRESS) TAMPA, FL 33602				
Enter new mailing address, if applicable:	10006 C	ROSS CREEK BLVD.	STE 114	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33647			
	<del></del>			
B. If amending the registered agent and/or registered off	ice address on	our records, enter t	he name of the nev	
registered agent and/or the new registered office address here	:			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	(E	(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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	· Manager I = Managing Member	·	
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			Damasus
<del></del>			n
	·-		Remove
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			Remove
D. If aı	mending any other informatio	on, enter change(s) here: (Attach additional sheets,	if necessary.)
			OR AUG 14 AH
Dated _	AUGUST	11, 2008 WHAT THE THE THE THE THE THE THE THE THE TH	8: 52
	Siğnai	ture of a member or authorized representative of a member MATTHEW J. MIDYETT  Typed or printed name of signee	er

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Filing Fee: \$25.00