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(Re	equestor's Name)	· ·
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nam	ne)
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(LX	ocument Number)	
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K. SALY EXAMINER JUN 1 6 2014

### **COVER LETTER**

	istration Section ' sion of Corporations					
SUBJECT:	Beyond		S of Liability Compan		Florida	110
The enclosed	Articles of Amendment an	d lee(s) are submit	ited for filing.			
Please return	all correspondence concern	ing this matter to	the following:			
		S	Heven Name of Person	Kwona	<u> </u>	
	Beyon	d Fitnes	S O Firm/Company	Central Fl	ovida 11c	
	<u> </u>	58 La	Ke H	owell	Rd	
		aitland	EL City/State and Zip	32751		
	Ste	ven. J.	Kwona	@ 6 Ma	il . com	
For further in	formation concerning this	natter, please call:		•	,	
Ste	Name of Person	)	at ( <u>407</u> Area Code	Daytime Tele	phone Number	
Enclosed is a	check for the following an	ount:				
\$25.00 Fi	•	ling Fee & ate of Status	S55.00 Filing Certified Cop (additional copy	y	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	

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

TO	$\mathcal{F}_{I}$
ARTICLES OF OR	RGANIZATION
OF	· 6/4.1/11
Beyond Fitness of  (Name of the Limited Liability Company (A Florida Limited Liab	Centra Florida ALLY SAY OF STATE BOOK Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 6/6/14/ and assigned
Florida document number <u>L 1 40000 9 1 4 6 6</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
The new name must be distinguishable and end with the words "Limited Liability	ty 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)	
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 heing 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida \_

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 = Ma $AMBR = Au$	nnager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	China Chow	8843 Larwin Ln.	\sqrt{Add}
	J	8843 Larwin Ln. Orlando, FL 32817	□ Remove
			🗖 Add
			□ Remove
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Page 3 of 3

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