LIMOCOHIMOG

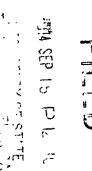
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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B. BOSTICK SEP **1 9** 2014

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	Manne of Lim	Fitness Lited Liability Company	L C	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		teven Kwond Name of Person Canny Fitnes		
	558	Lake Howel	1 Rd	
	Maith Stever	City/State and Zip Code City/State and Zip Code Cobe used for future annual report notifications.	gmaile com	···
For further information cor	ncerning this matter, please ca		·	
Steven Name of F	Kwong	at (407) 310 Area Code Daytime	- 9396 Telephone Number	٤
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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 ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa) (A Florida Limited L	ness LLC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400091466</u>	were filed on C/C/14 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	957 No Pennsylvania Ave.
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL 32789
Enter new mailing address, if applicable:	957 No Pennsylvania Ave
(Mailing address MAY BE A POST OFFICE BOX)	957 No Pennsylvania Ave Winter Park, FL 32789
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City 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

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

MGR = M $AMBR = A$	lanager . uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Add
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	any other information	, , , , , , , , , , , , , , , , , , , ,	·	- •
Effective date The effective date the date this doc	e, if other than the date must be specific, cannot be ument is filed by the Florida	e of filing: prior to date of receipt or f Department of State)	iled date and cannot be mo	(optional) ore than 90 days after
_	Sign	sature of a member or auth Steven Typed or print	Kwon of a ed name of signee	member
				SE SE

Page 3 of 3

Filing Fee: \$25.00