F13000003629

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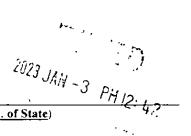
TO: Amendment Section

Division of Corporations

NAME OF CORPO	PRATION: Life Time Fitness,	Inc.		
	BER: F13000003629			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following	:	
	Sarah Stoeger			
		Name of Contact	Persor	1
	Life Time, Inc.			
		Firm/ Compa	any	
	2902 Corporate Place			
		Address		
	Chanhassen, MN 55317			
		City/ State and Z	ip Code	:
	licensing@lt.life			
	E-mail address: (to be us	sed for future annual	report	notification)
For further information	on concerning this matter, pleas	se call:		
Sarah Stoeger		952 at (
Name	of Contact Person	Α	rea Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Floric	la Depa	irtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copy enclosed)		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314				Address
		Amendment Section		
				n of Corporations entre of Tallahassee
		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Life Time Fitness, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

F13000003629

	(Document Number	of Corporation (if known)	,
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new n	ame of the corporation:		
Life Time, Inc.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp," "Inc," or "Co".	A professional corporation	" or the abbreviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent an new registered agent and/or the new			ame of the
Name of New Registered Agent	N/A		
	(Florida s	treet address)	
New Registered Office Address:	N/A		Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obligation	
	Signature of New	Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	Thomas Bergmann	3782 Woodland Cover Parkway
Add			Excelsior, MN 55331
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

!/A	
<u>=</u>	
	
	
<u>lf an a</u> provi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
(į	f not applicable, indicate N/A)
/A	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s)	Adoption of Name Change on July 6, 2017 adoption:	if other than the
date this document was signed.	adoption	If other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and s	hareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
must be separately provided fo	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
selec	director, president or other officer – if directors or officers have not been sed, by an incorporato – if in the hands of a receiver, trustee, or other court nited fiduciary by that fiduciary) Steve Kerzman (Typed or printed name of person signing) Assistant Treasurer	-
	(Title of person signing)	