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COVER LETTER

Division of C	Corporations		
St. Lucie SUBJECT:	Fitness Enterprises, LLC, a Flo	rida limited liability company	
3003EC1	Name of Lin	nited Liability Company	·
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jared Quartell, Esq.		
		Name of Person	
	Quartell Law Firm, P.A.		
		Firm/Company	
	840 US Highway 1, Suite	330	
		Address	
	North Palm Beach, FL 33-	408	
		City/State and Zip Code	
	jquartell@quartelllaw.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please concerning the	all:	
Jared Quartell, Esq.		561 627-7707	
Name	of Person	at () Area Code Daytime	Telephone Number
inclosed 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

St. Lucie Fitness Enterprises, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our i Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number 1.03000056470	Company were filed on 12/29/2003	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		FILED MIL: 31 ECRETARY OF STATE TALLAHASSEE, FL
 If amending the registered agent and/or regist egistered agent and/or the new registered office addr 	tered office address on our re ress here:	cords, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street c	nddross
		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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
			
			☐ Remove
			□ Change
			SECRETARY OF STATE Add Add Add
			HR Deemole SSEC
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			Change
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managed by manager(s)				
				
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