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EXAMINER



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DIVISION OF COST CARREST

COVER LETTER

Division of Corporations				
SUBJECT: FUSION FITNESS PITATES and Personal Training, LLC (Name of Limited Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ariel Hernandez (Name of Person)				
Fusion Fitness Plates & Personal Training, UC				
1061 S. Sun Dr. Ste 1049 (Address)				
Lake Mary F2 32746 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Λ .				
Hylel Hernander at (321) 303-2085 (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
■ \$25.00 Filing Fee				
MAILING ADDRESS: STREET/COURIER ADDRESS:				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tusion titress Pilate	s and Personal Training, LLC	
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 40500071 435	ompany were filed on Tuh 20 2005 and assign.	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the ab	breviation
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET ADDRE	ESS)	
		2
	80	SEC
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<u></u>	
	—————————————————————————————————————	
	ered office address on our records, enter the name of	the new
registered agent and/or the new registered office addre	ress here:	<u>S</u>
		r x*,
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	, Florida	
	(City) (Zin 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
W <u>&KM</u>	Shavnon Kilwell	2140 E. Trianole Dr Lang wood, Pl. 32779	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
	**************************************		Add Remove
D. If ame	ending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)	_
-			
Dated _	pt. 16, 2008		
	1176	à member or authorized representative of a member	
	MICE L Nervands	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00