

LD6000048651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

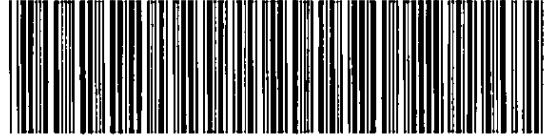
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 15 2018

ROWLANDS & LEBROU, PLLC

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September 27, 2018

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Equinox of Florida, LLC

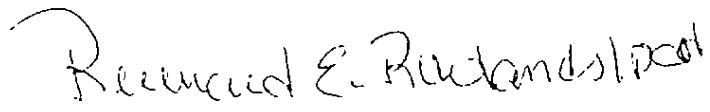
Dear Sir/Madam:

I am enclosing Articles of Amendment to Articles of Organization for the above-referenced entity. Also enclosed is a check payable to the Florida Department of State in the amount of \$25.00 for the requisite filing fee.

Thank you for your attention to this matter.

Sincerely yours,

ROWLANDS & LEBROU, PLLC


Richard E. Rowlands

RER/pad
Enclosure

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Equinox of Florida, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 10, 2006 and assigned
Florida document number H060001295-45.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Tyler B. King		<input type="checkbox"/> Add
		deceased	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lori Buckley		<input type="checkbox"/> Add
		116 Wolf Rd, Albany, NY 12205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	J. Eric King	116 Wolf Rd, Albany, NY 12205	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Griffin M. King	24 Headland Rd	<input checked="" type="checkbox"/> Add
		North Curl Curl NSW 2099	<input type="checkbox"/> Remove
		Australia	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 OCT -1 AM 7:56

13 OCT - 1 AM 7:56

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 20, 2018

Griffin M. King, Trustee

Filing Fee: \$25.00