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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. HAMPTON

APR - 4 2008

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | | |
|--------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| SUBJECT: Thump | Funk Fitness, LLC | | | |
| | (Name of Lim | nited Liability Company) | | |
| | of Amendment and fee(s) are sub condence concerning this matter | _ | | |
| | Casey Childers | | | |
| | | (Name of Person) | | |
| | Thump Funk Fitness | s, LLC | | |
| | ************************************** | (Firm/Company) | | |
| | 14404 Pelican Bay 0 | Court | | |
| | | (Address) | | |
| | Jacksonville, Florida | a 32224 | | |
| | | (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | | | |
| Casey Childers | | at (904) 445-8456 | | |
| (Name | e of Person) | (Area Code & Daytime 7 | Telephone Number) | |
| 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) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Ĵ | | | | |

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 APR -3 AM 11: 04

Thump Funk Fitness, 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 L | iability Company were filed on March 23, 2 | and assigned | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------|--|
| Florida document number <u>L07000031273</u> | · , | | |
| This amendment is submitted to amend the following | owing: | · | |
| A. If amending name, enter the new name of | f the limited liability company here: | | |
| N/A | | • | |
| The new name must be distinguishable and end wi "L.L.C." B. If amending the registered agent and/registered agent and/or the new registered of | or registered office address on our record | | |
| Name of New Registered Agent: | <u>N/A</u> | | |
| New Registered Office Address: | N/A | · | |
| | (Enter Florida street address) | | |
| | , F | , 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 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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title . <u>Name</u> Address **Type of Action** VP.... Kimberly A. Difilippo 12768 Turtle Lake Lane Add Jacksonville, Florida, 32246 Remove Add Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A

Dated March 24th

/ ///

Signature of a member or authorized representative of a member

Casey Childers

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00