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	(Requestor's Na	me)		
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JAN -7 2011

EXAMINER

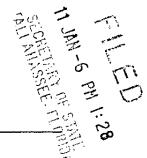
COVER LETTER

TO: 、

TO: Registration Division of	n Section Corporations		•
SUBJECT:	ABZ-SOLUTE FIT	NESS "NAME CHAN	IGE"
SUBJECT:		ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matte	r to the following:	
		MELINDA HENRY	
		Name of Person	COR L
	A	BZ-SOLUTE FITNESS	33 6 1
		Firm/Company	P P
	52	90-4 NORWOOD AVE.	11 JAN -6 PH 1:28 SCORETARY DE PLUME
		Address	28
	IΔC	CKSONVILLE, FL 32208	2
		City/State and Zip Code	
		djlocket@yahoo.com to be used for future annual report t	
	E-mail address:	to be used for future annual report r	odification)
For further information	on concerning this matter, please	call:	
DA	ARRELL LOCKET	at (904)	200-9812
Nan	ne of Person		time Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive	rporations g

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ABZ-SOLUT			- 3
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	April 4, 2008	and assigned
Florida document number L08000023210 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
ABZ-SOLUTE ATHLETIC F	PERFORMANO	E, L.L.C.	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	5290-4 NOR	WOOD AVE	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONV	LLE, FL	
	32208		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter ti</u>	ne name of the new
	-		
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addr	ess
		, Florida	
	Citv		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 or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add

			Add Remove
			Add Remove
			Damaua
			[***Damassa
			(TD amous
D. Ifamen	ding any other information, ente	er change(s) here: (Attach additional sheets	, if necessary.)
			SECRETAL STATE
			EE. FLORIDA
Dated	Jan 4º	, 2011 .	11:28
	Signature of a	a member or authorized representative of a mem	ber
	1 M.	Typed or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00