10800015131

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	· - · ·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
	·	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	
,		
		i

Office Use Only



600310696486

03/20/10 -01014--030 **25.00

18 MAR 20 PH 2 12 SECRETARY OF STATE 1ALLAHASSEE, FLORID

S. WARREN MAR 2 1 2018

COVER LETTER

TO: Registration Solution of Columbia			
SUBJECT: Se lec	7 Fitness Training Name of Limi	(o (U Name) EM GM A ited Liability Company	SoluTions LLC (New Name
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JASON I	D&LUCA Name of Person	
	ENIGMA S	Firm/Company	
	7800 W OA	OKLANU PAAK BLUD C Address	106
		City/State and Zip Code Solution Comparts Comparts to be used for future annual report notification.	
For further information of	concerning this matter, please ca	-	,
STEVEN Name o	13 De Luca of Person	at (<u>934</u>) <u>(/39-</u> Area Code Daytime	2 3 01 e Telephone Number
Enclosed is a check for t	he 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
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

SELECT FITNES.	S TRAINING LL	C
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on nited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>08</u>	105/2008 and assigned
Florida document number <u>L 0 8 0 0 0 7 5 / 3</u> /		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	:
ENIGMA SOLUTIONS, L. The new name must be distinguishable and contain the words "Limited	4	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ur records, enter the name of the new
registered agent and/or the new registered office address	nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		Florido
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of m t as provided for in Cha	duties, and I am familiar with and upter 605, F.S. Or, if this document is
_		
· If	Changing Registered Agen	t, Signature of New Registered covents

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
· -		····	Add
			□ Remove
			Remove 8 4 Change 20
			<u> </u>
			FLORDA Remove
			D Chanca

If an e Note	ctive date, if other than the date of filing:	d as t
he re		
Th	e 90th day after the record is filed.	., 0,,
Th	d MARCH 14, 2018,	01.
Th		01.
Th	MARCH 14, 2018,	01.
Th	MANCH 14, 2018, Signature of a member of authorized representative of a member	
Th	MANCH 14, 2018 Signature of a member of authorized representative of a member JASON Deluca Typed or printed name of signee	<u> </u>
Th	MANCH 14, 2018 Signature of a member of authorized representative of a member JASON PELUCA 200	

Filing Fee: \$25.00