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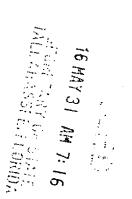
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## **COVER LETTER**

	Registration So Division of Con					
CUDIE/	360 Fit LL					
SUBJEC	CT:		ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Timothy Shippee				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		Hathaway & Reynolds, P.A.	A.			
Firm/Company						
		50 A1A North, Suite 108				
			Address	. <u></u>		
		Ponte Vedra Beach, FL 32	082			
		wayne.ips@gmail.com				
		E-mail address: (	to be used for future annual report notifi	cation)		
For furth	ner information of	concerning this matter, please co	all:			
Timothy	y Shippee		904 280-5526 at ()			
	Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed	d 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
Ctifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

360 Fit LLC			_			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our reco Liability Company)	rds.)			
The Articles of Organization for this Limited I Florida document number L08000090844 This amendment is submitted to amend the fol		were filed on September 24, 2	and assigned			
A. If amending name, <u>enter the new name</u>	_	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LI	C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		9446 Phillips Highway, Suite 3				
(Principal office address MUST BE A STRE	ET ADDRESS)	Jacksonville, FL 32256				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		9446 Phillips Highway, Suite 3  Jacksonville, FL 32256				
B. If amending the registered agent and registered agent and/or the new registered of			ds, enter the name of the f			
Name of New Registered Agent:	ADVOS legal	pllc				
New Registered Office Address:	5000 Sawgrass Village Circle, Suite 7		6			
		Enter Florida street addr	ess			
	Ponte Vedra B	, , ,	Florida 32082 &			
		City	Zip Code			
New Registered Agent's Signature, if changing	Registered Agent:		52 7			
I hereby accept the appointment as register provisions of all statutes relative to the pro						

If Changing Registered Agent, Signature of New Registered Agent

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 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

Title	Name	Address	Type of Action
CEO	Joseph J Czerkawski	9446-5A Philips Highway	Add
		Jacksonville, FL 32256	Remove
			☐ Change
AMBR	IPS Lynx, Inc.	9446 Philips Highway, Suite 3	Add
		Jacksonville, FL 32256	☐ Remove
			Change
			□ Add
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Wayne	A Se Signature of a	member or auti	orized represent	ntive of a memb	per			
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Page 3 of 3

Filing Fee: \$25.00