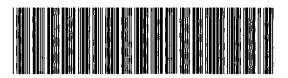
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Tig	Name of Limit	P Fitness, ited Liability Company	LLC
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Idon Gassett Name of Person	
	•	in up fitness	
	4624 Hollxu	rood b/vd sweet	202
	Holyword F Shelyonfitm	City/State and Zip Code 2550708 © Yahoo, to be used for future annual report not	CSM ification)
For further information co	ncerning this matter, please ca		
She/don	Gassett	at (<u>954</u>) <u>645</u> Area Code Daytin	i-8130
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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

Tight / N U	P Fi	tness, L	LC		
(Name of the Limited I	Jability Compar Florida Limited L	ty as it now appears on iability Company)	our record	<u>ls.</u>)	_
The Articles of Organization for this Limited Liabi Florida document number LO90000	lity Company 06933	were filed on <u>01/</u>	21/.	2009_a	nd assigned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabi	lity company here:			
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable		ty Company," the design	ation "LLC	or the abbreviat	ion "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)				ر در در	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>x)</u>	4624 Hollywood Suite	Holl a, F	ywood 1/330	100 100 100 100 100 100 100 100 100 100
B. If amending the registered agent and/or registered agent and/or the new registered office			r record	s, enter the n	ame of the new
Name of New Registered Agent: New Registered Office Address:	Onyec 4624	likachi Hollyw			
		Enter Florida sı	reci adares		1

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

Page 1 of 3

	Authorized Person(s) authorized to main number records:	nage, enter the title, name, and address of each person being added
MGR = Ma AMBR = Au	nnager Ithorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
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Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date	he date must be specif I in this block does	To and cannot be not meet the ap	prior to date of filiopplicable statutor	ng or more than 90 ry filing requirem	(optional) days after filing.) ents, this date v	Pursua vill no	nt to 60 t be list	5.0207 ted as
the record specifies a) The 90th day after			not an effec	tive time, at :	12:01 a.m. d	on the	e earli	ier of:
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Dated 7/5/		1/1						

Page 3 of 3

Filing Fee: \$25.00