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KSALY EXAMINER APR 17 2017

COVER LETTER

Divisi	on of Corporations		
SUBJECT: _	Altus I	ndustries, LLC	
_	·	ited Liability Company	
The enclosed A	rticles of Amendment and fee(s) are su	bmitted for filing.	
Please return al	l correspondence concerning this matte	er to the following:	
		Mark Zimmerman	
		Name of Person	
	Y	our Sports Trainer, LLC	
		Firm/Company	
		5540 NW 5th Ave	
		Audicas	
		Boca Raton, FL 33487 City/State and Zip Code	
	mark	c.zimmerman@gmail.com	
	E-mail address:	(to be used for future annual report notifical	ion)
For further info	rmation concerning this matter, please	call:	
	Mark Zimmerman	at 1	30-1788
	Name of Person	Area Code & Daytime T	elephone Number
Enclosed is a cl	neck for the following amount:		
\$25.00 Filin	g 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 ADDDESS.	STDEFT/COUDIED	ADDDESS.

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

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SECRETARY OF STATE

AI	tus Industries, LLC	TALLAHASSEE F	LORID.		
(Name of the Limited Lia (A Flo	bility Company as it now apperida Limited Liability Company	ars on our records.)	LOMDA		
		E-1 4F 0000			
The Articles of Organization for this Limited Liabil	ity Company were filed on	Feb. 15, 2009 and	d assigned		
Florida document number L0900001571	<u>5</u> .				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability company h	еге:			
Your Sports Trainer, LLC					
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Com	pany," the designation "LLC" or	the abbreviation		
Enter new principal offices address, if applicable					
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>				
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·		
B. If amending the registered agent and/or r	agistavad affiae address on	our records enter the new	ne of the new		
registered agent and/or the new registered office		om records, enter the man	at of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	I	Inter Florida street address			
		, 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 or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
			Add
			Remove
			
			Add Remove
			Add
			Remove
			Rad
If amen	ding any other information	, enter change(s) here: (Attach additional sheets, if nec	essary.)
if amen	ding any other information		essary.)
If amen	ding any other information		essary.)
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If amen	ding any other information		essary.)
If amen	ding any other information April 10		essary.)
 	April 10	, enter change(s) here: (Attach additional sheets, if nec	essary.)

Page 2 of 2

Filing Fee: \$25.00