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Special Instructions to	Filing Officer:	
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Division of Cor		•	•	
Get Fitness SUBJECT:	s Largo LLC			
,	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alireza Monfared			
		Name of Person		
	Get Fitness Largo LLC			
		Firm/Company		
	1880 Pine St			
		Address		
	Largo FL 33774			
	dmonfared@yahoo.com	City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Amanda Babonas		727 729-9078		
Name o	f Person	at ()	e Telephone Number	
Enclosed is a check for th	ne 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 Addres		Street Address: Registration Sec	dian	
Registration Section Division of Corporations		Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7.19E | 20 FM 1:19

If Changing Registered Agent, Signature of New Registered Agent

Get Fitness Largo LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _5/8/2009 and assigned Florida document number <u>L0</u>9000044884 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Creative Presales LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PO BOX 2746 Enter new mailing address, if applicable: Oldsmar, FL 34677 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effective date, if other than the (If an effective date is listed, the date must	date of filing:		(option	onal)
Note: If the date inserted in this blo	be specific and cannot be prock does not meet the app	nor to date of filing or a dicable statutory fili	more than 90 days after ng requirements, thi	filing.) Pursuant to 608,0207 (; s date will not be listed as th
document's effective date on the De				
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	Signature of a member or a	nthorized representativ	e of a member	
Alireza Monfared				
	Typed or pr	inted name of signee		

Filing Fee: \$25.00