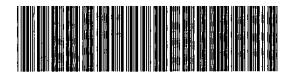
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2010 OCT -6 PM (# 207)

O. LEWIS

OCT 7 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Katie Humphrey Fitness LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Katil Humphray Name of Person
Name of Person Katie Humphrey Fitness, LLC Firm/Company
5614 SW 45th Street Address
Deala, Fr. 34474 City/State and Zip Code Katel Kate humphwey. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 541,713-5474 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status S55.00 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

FILED

2010 OCT -6 PM # 27

Katic Humphrey F	itness, LLC	SECRETARY OF STATE
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our rec iability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L090007 2 480</u>	were filed on July 27,	2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab JK Humphrey International	LIC	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	5614 SW4	ida 34474
(Principal office address MUST BE A STREET ADDRESS)	Ocala, Flor	ida 34474
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	street address
		orida
	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 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

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			□ Damova
			Add Remove
			AddRemove
			Damaya
D. If amer	nding any other information, en	nter change(s) here: (Attach additional sheets, if n	ecessary.)
-			
	A		2018 OCT
Dated	October 4,	tuttum	ASSECTION ASSECTION
	Signature o	of a member or authorized representative of a member Allerine Humphry Typed or printed name of signee	ATE

Page 2 of 2

Filing Fee: \$25.00