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Certified Copies	Certified Copies Certificates of Status				
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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Heart Titness 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:
Lewis Ashton Name of Person
Rewis Ashton Name of Person Heart Fitness 66C Firm/Company
1914 Lochshyre 2000
City/State and Zip Code City/State and Zip Code Low 99 34743 By Ahoo. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (321) 297-924 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$55.00 Filing Fee \& \text{Certified Copy} &

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327

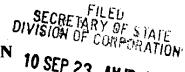
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION



OF

		ess LL		
(<u>Name of the Limited Li</u> (A Fl	ability Compan orida Limited Li	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liabi	ility Company v	were filed on	104/2010	and assigned
Florida document number <u>Ll0000031179</u>				
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liabil	lity company here:	!	
ShapeD,	For Li	fo LLC	-	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limite	ed Liability Company	y," the designation "	LLC" or the abbreviation
Euter new principal offices address, if applicabl	e:	1914 1	ochshire	koop
(Principal office address MUST BE A STREET A	ADDRESS)	ococe	F/ 3.	4761
Euter new mailing address, if applicable:		1914	Lochshyr	e 200P
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>	Ococe	F/ 34	1X/
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	address here:		Ashtan	
		Enle	r Florida street ad	tress
_	000	ee	, Florida	3476/ Zip Code
		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 = Mana MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Melany Ashton	1914 Lochshyre Loop Ococe F1 3476/	Add Remove
MGRM	Lori ForD	125 George Town Dr CASSElbery Fl, 32707	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	e(s) bere: (Attach additional sheets, if necessary.)	SECRE FAR IVISION OF C
			F STATE PORATIONS
Dated	9-20-10 Signature of a member	or authorized representative of a member	
_	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00