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FILED
10 APR 23 PM 12: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N: _____   APR 2 6 2010

COVER LETTER

TO: **Registration Section**
      Division of Corporations

SUBJECT: _JLR 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:

_David J DeMerchant_____
                    Name of Person

_JLDD Investments, LLC_____
                    Firm/Company

_1515 Camphor Cove Dr_____
                    Address

_Lutz, FL 33549_____
                    City/State and Zip Code

_djdemerchant@verizon.net_____
                    Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_David J DeMerchant_____ at (_813_) _416 - 2627_____
            Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed)   Certified Copy
                                                                                (additional copy is enclosed)

MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

10 APR 23 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____JLR Fitness, 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 __4/9/2010__ and assigned Florida document number __L10000038639__.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____JRL Fitness, LLC_____

The new name must be distinguishable and end with 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)

_____

_____

_____

Enter new mailing address, if applicable:

(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

_____, **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
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

Dated *April* *20* , *2010* .

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 APR 23 PM 12:33
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_____
Signature of a member or authorized representative of a member

David J DeMerchant
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00