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36,00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: T3 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:
Allison Begley Name of Person
T3 Fitness LLC Firm/Company
4207 Cougar Circle
NiceVIIIE FL 32578 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Allison Begiev at (850) 333-4634 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & 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

TO ARTICLES OF ORGANIZATION OF

	OF	י		FILER
T3 に	itness	2 1 1 0	4	POIS JAN-4 PM 1:28
(Name of the Limite		y as it now appears on o	our records.) /4/	1. 20 PM 1: 20
•			1	AHASSEF STALL
The Articles of Organization for this Limited Lie		vere filed on 05)	18/2010	and assigned
Florida document number <u>L1000005</u>	3748			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
Blink Artistr	-y LLC			
The new name must be distinguishable and contain the wo	ords Limited Liability			•
Enter new principal offices address, if applica	ble:	4207 C	ougar	circle
(Principal office address MUST BE A STREET	[ADDRESS)	Nicevil	He, FL	32578
				
Enter new mailing address, if applicable:		4207	Cauaa	r Circle
(Mailing address MAY BE A POST OFFICE E	BOX)	Nicevi	1	L 32578
)	
B. If amending the registered agent and/or registered agent and/or the new registered off		ce address on our	records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Allis	ON BED	iey	
New Registered Office Address:	4207	Cossi	ur Ci	rde
		Enter Florida str	eet address	_
	Nicev	City	, Florida _	32578 Zip Code
New Registered Agent's Signature, if changing R	egistered 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

$\underline{or\ removed\ from\ our\ records};$

MGR = N $AMBR = A$	Annager Authorized Member		FILER	
<u>Title</u>	<u>Name</u>	<u>Address</u>	2016 JAN -4 PH	Type of Action
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(If an ef Note:	tive date, if other than the date of filing:	05.0207 (3)(b) sted as the
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ear 90 th day after the record is filed.	lier of:
Dated	December 28 2015. Signature of a member or authorized representative of a member	
	Allison Bayley Syped or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00