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SECRETARY OF STATE
THE AUTOSEE STORM

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COVER LETTER

TO:

Registration Section Division of Corporations

SELVIN'S FITNESS CENTER,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:

MARK SELVIN Name of Person SELVIN'S FITNESS CENTER, LLC Firm/Company 21315 NE 8 CT Address

MIAMI, FL 33179

City/State and Zip Code

MSELVIN@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK SELVIN

Name of Person

Enclosed is a check for the 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 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 2014 FEB 24 AN II: 52

SEURETARY OF STATE TALLAHASSEE, FLORIDA

SELVIN'S FITNESS CENTER,LLC (Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000085098</u> .	were filed on 08/13/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	vility company here:
SELVINS PROTECTION / SECURITY SERVICE, L	LC .
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MARK SELVIN
(Principal office address MUST BE A STREET ADDRESS)	21315 NE 8 CT
	MIAMI, FL 33179
Enter new mailing address, if applicable:	21315 NE 8 CT
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33179
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	Enter Florida street didress
	, Florida

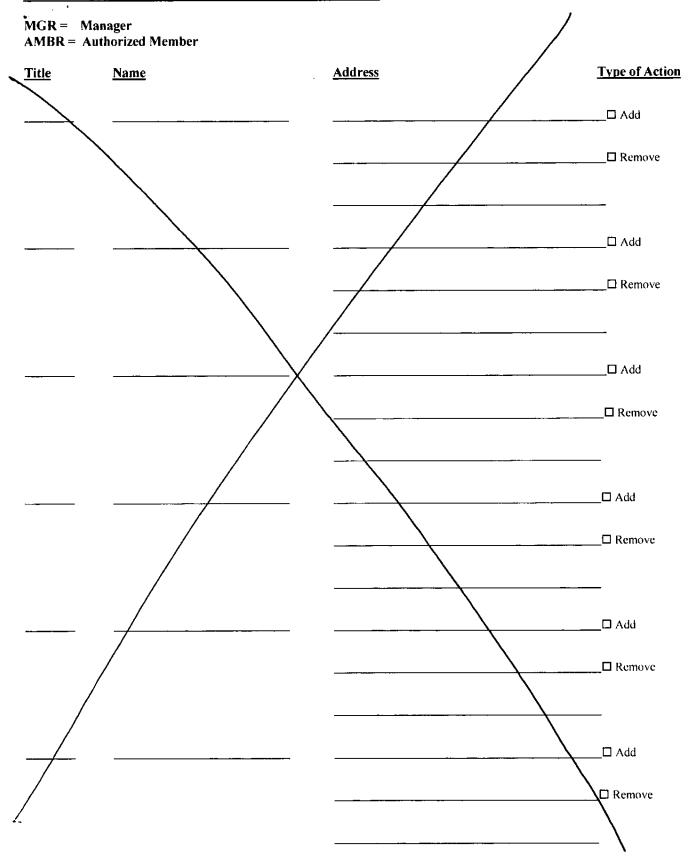
New Registered Agent's Signature, if changing Registered Agent:

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 Changing Registered Agent, Signature of New Registered Agent



If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:



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. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective	date, if other than the date of filing: de date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after so document is filed by the Florida Department of State)
Dated 9	- 18 - 14
,	
	Signature of a member or authorized representative of a member
	mark Selvin
	Typed or printed name of signee

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Filing Fee: \$25.00

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