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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

FEB - 9 2012 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BIOBOOY BOOTY Comp 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:
Kelly A. Caskin
BYO BOOK BOOK COMP
Palm Coast FL 32137 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelly Caskin at 286 503 - 6482 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{1}{2}\$25.00 Filing Fee \text{ \$\frac{1}{2}}\$30.00 Filing Fee \text{ \$\frac{1}{2}}\$55.00 Filing Fee \text{ \$\frac{1}{2}}\$60.00 Filing Fee, Certificate of Status \text{ \$\frac{1}{2}}\$Certificate of Status \text{ \$\frac{1}{2}}\$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 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	OF	12 FEB -8 AM 10: 51	
BYORGOV P	20 stars	no 110	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)	
·		Hala	
The Articles of Organization for this Limited Liability Comp		and assigned	
Florida document number 28-801554869	29 d		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	:	
Boot Camp	Fitness	LLC	
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	K	IIA	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3 1 -	
(Frincipal Office address MOST DE A STREET ADDRESS			
Enter new mailing address, if applicable:	N	1A	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ir records, enter the name of the new	
registered agent and/of the new registered office address	. I A		
Name of New Registered Agent:	NA		
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and co accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	omplete performance o as provided for in Cha	f my duties, and I am familiar with and apter 608, F.S. Or, if this document is	

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 **Title** <u>Name</u> **Address** Type of Action _ Add Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00