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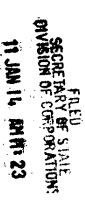
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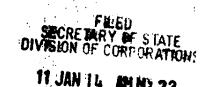
10: Registration Section Division of Corporations
SUBJECT: Ms. Fits Comp For Kids LLC. Name of Limited Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laurie Vacchiana Name of Person
Ms. Fits Camp For Kids LLC.
1801 S. U.S. Huy Lanit 1C
Jupiter, FL 33477
VaccO1 @ belsouth net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laurie Vacchiano at (561) 307-9706 Name of Person at (561) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ Certificate of Status \$\

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



Ms. Fits (am) For	r Kids IL	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.
The Articles of Organization for this Limited Liability Com Florida document number <u>L1000115404</u> .	pany were filed on <u>Jay</u>	1.1st 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited MS. VS Fitness Camp The new name must be distinguishable and end with the words "L.L.C."	LLC.	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES	1801 S. L Jupiter, F	15. Hwyl unit 1C 12 33477
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our s here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	Florida street address
	Z724.	, 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:

AGR = Ma AGRM = N	inager Managing Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
		·	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
. If ameno	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necess	ary.)
nted	anuary 10th . 20		CRETARY OF STATE ON OF CORPORATION
	Signature of a memb	$\Gamma \Gamma = \Gamma$	ATION ATION
	Laurie Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00