L11000015346

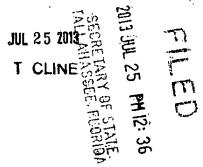
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

ANYTIME FITNESS DADE CITY, 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:

WILLIAM G. K. SMOAK

Name of Person

SMOAK & CHISTOLINI

Firm/Company

320 W. KENNEDY BLVD. 4TH FLOOR

Address

TAMPA, FL 33606

City/State and Zip Code

BILLSMOAK@FLATRIALCOUNSEL.COM

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

For further information concerning this matter, please call:

WILLIAM G K SMOAK

813,221-1331

Name of Person

Area Code & Daytime Telephone Number

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)

Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclassed)

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

ANYTIME FITNESS DADE CITY, 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 $\frac{2}{4}$ Florida document number L110000015346 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Supakats Enterprise, 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

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.

City

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>	Address	Type of Action
MGRM	ANTHONY KATSARELIS	14540 7TH ST	Add
		DADE CITY, FL 33523	Remove
MGRM	NOMIKI KATSARELIS	512 CYPRESS BEND	Add
		OLDSMAR, FL 34667	Remove
			Add
			SECRETARY 25
			PE STA
			Remove
			Add Remove
			Add

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	1
Dated JU	2013/
	Signature of a member or authorized representative of a member WILLIAM G. K. SMOAK
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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