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COVER LETTER

†O: Registration Section Division of Corporations

SUBJECT: Scientific Exercise Systems, [

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:

Jason Hamilton Mikes

Name of Person

Hamilton Mikes, P.A.

Firm/Company

711 5th Ave. South #212

Address

Naples, FL 34102

City/State and Zip Code

Jason@Hamiltonmikes.com

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

For further information concerning this matter, please call:

Jason Hamilton Mikes

239 594-7227

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)

□\$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

Scientific Exer	use SI	Stems, LLC				
(Name of the Limited (A	Liability Compai Florida Limited I	ny as it now appears on our liability Company)	records.)			
The Articles of Organization for this Limited Li	ability Company	21.01	{	and assi	igned	
Florida document number LICOOLISE	<u> </u>					
This amendment is submitted to amend the following	-					
A. If amending name, enter the new name of	the limited liab	oility company here:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Company," the	designation "LLC"	or the a	bbreviation	
Enter new principal offices address, if applicable:		711 5th Ave. South				
(Principal office address MUST BE A STREET ADDRESS)		Suite 212	9.4 Eu	******		
		Naples, FL 34102		Ü		
Enter new mailing address, if applicable:		711 5th Ave. South		10V 25		
(Mailing address MAY BE A POST OFFICE BOX)		Suite 212	*! *	- (1		
		Naples, FL 34102			7 % ·	
B. If amending the registered agent and/or the new registered of			ords, enter the n	ာ လ iame o	f the new	
Name of New Registered Agent:	Hamilton M	likes, P.A.				
New Registered Office Address:	711 5th Av	711 5th Ave. South #212				
	Enter Florida street address					
	Naples , Florida 34102			<u>}</u>		
		City	Z_i	ip Code		
New Registered Agent's Signature, if changing F	Registered Agent:	<u> </u>				

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action <u>Address</u> **Title** <u>Name</u> Remove Remove Remove Remove Remove

D. 'If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
Dated	NOVEMBER 22, 2013.
Dateu	<u> </u>
	Signature of a member or authorized representative of a member
	Jason Hamilton Mikes
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

44