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| PICK-UP | ☐ WAIT | MAIL | |
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| Certified Copies Certificates of Status | | | |
| Special Instructions to f | Filing Officer: | | |
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Office Use Only



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COVER LETTER

| SUBJECT: | | ORY GROUP LLC | |
|----------------------------|--|---|--|
| | | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | LOVE AVRIL SR. | | |
| | *** | Name of Person | |
| | FIT FACTORY GROUP | .I.C | |
| | | Firm/Company | |
| | 11248 Pines Boulevard | | |
| | | Address | |
| | Pembroke Pines, FL 3302 | 5 | |
| | | City/State and Zip Code | |
| | love33025@yahoo.com | | |
| | | to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| LOVE A | AVRIL SR | 786 457-4567 | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for th | ne 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 Addres | <u>s:</u> | Street Address: | |

Registration Section
Division of Corporations P.O. Box 6327

Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| | FIT FACTORY GRO | UP LLC | 2020 HA | Y 20 PM 2: 20 |
|---|--|-----------------------------|---------------------------|-------------------------|
| (Name of the Limit | ed Liability Company as (A Florida Limited Liabilit | t now appears y Company) | on our records. | TARY OF COMPASSEE, FLOR |
| The Articles of Organization for this Limited Li | ability Company were | filed on Fel | bruary 9, 2012 | and assigned |
| Florida document number L12000019407 | · | | | |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, <u>enter the new name of</u> | the limited liability c | ompany her | <u>'e</u> : | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Co | mpany," the des | signation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applica | able: 112 | 48 Pines Bou | levard | |
| Principal office address MUST BE A STREET ADDRESS) | | Pembroke Pines, FL 33026 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | | 48 Pines Bou | | |
| B. If amending the registered agent and/or reagent and/or the new registered office addres Name of New Registered Agent: | | ss on our red | cords, <u>enter the n</u> | ame of the new regist |
| | 11248 Pines Bouleva | rd | | |
| New Registered Office Address: | | | la street address | |
| | | 1.71167 1 10716 | | |
| | Pembroke Pines | 1.7107 1 10710 | . Florida | 33026 |

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|-------------------------|----------------|
| MGRM | OCANTO FITNESS CORP | 3029 NE 188 ST | □Add |
| | | SUITE 902 | |
| | | AVENTURA FL 33180 | |
| MGRM | LOVE AVRIL SR | 11248 PINES BOULEVARD | |
| | | PEMBROKE PINES FL 33026 | |
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| Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207. Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as idocument's effective date on the Department of State's records. Percord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. NAY 15 2020 Signature of a member or suthorized representative of a member LOVE AVRIL SR | | | | | | |
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