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EXAMINER



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12/14/12--01020--016 **25.00

12 DEC 14 PM 2:52 SECRETARY OF STATE ALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Gymnastics (Name of the Limited Liability Compa		LLC
(A Florida Limited)	Liability Company)	: /
The Articles of Organization for this Limited Liability Company	y were filed on $9/12/12$	and assigned
Florida document number <u>L12000116929</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Tampa Bay Gymnastics The new name must be distinguishable and end with the words "Lim	center, LLC	on "LLC" or the abbreviation
L.L.C."		
Enter new principal offices address, if applicable:		7 7 7 7
Principal office address MUST BE A STREET ADDRESS)		AHE DEC
		SS I F
Enter new mailing address, if applicable:		55 N U
Mailing address MAY BE A POST OFFICE BOX)		52
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	N. Marin	
	Enter Florida stree	t address
	, Florid	a
	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 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** Remove Remove Remove Remove Remove

. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
ated $12/11/12$	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Jame	s Goodman
	Typed or printed name of signee

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Filing Fee: \$25.00