## 612000126096

(Re	equestor's Name	)
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Na	ame)
(De	ocument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



000267511150

12/19/14--01034--001 \*\*60.00

C I WASSELL OF STATE OF STATE

T 2 2 2 2 2 2 1 4

## **COVER LETTER**

TO:	Registration Sec Division of Corp		•	·
CUD TO	AIM Fitne	ess Cape Coral LLC		
SUBJEC	-1:	Name of Limi	ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Duncan Morrell		
			Name of Person	
		AIM Fitness Cape C	oral LLC	
•		<del></del>	Firm/Company	
		1502 B Del Prado B	oulevard, S	
			Address	<del></del>
		Cape Coral, FL 3399	90	
		·	City/State and Zip Code	
		dbmorrell@gmail.com		
		E-mail address: (1	to be used for future annual report notific	cation)
For furth	her information co	oncerning this matter, please ca	all:	
Dunca	an Morrell		617 803 3763	
	Name o	f Person		Telephone Number
Enclose	d 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 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 Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIM Fitness Cape Coral LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on October 3, 2012 and assigned
This amendment is submitted to amend the following:	SEC SEC
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation L.C."
Enter new principal offices address, if applicable:	1502 B Del Prado Boulevard, S
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33990
Enter new mailing address, if applicable:	1502 B Del Prado Boulevard, S
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral, FL 33990
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zin 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GSH Holdings LLC	13610 Chatsworth Village Drive	Add
		Wellington, FL	Remove
AMBR	Glenn Dowler	13610 Chatsworth Village Drive	<b>#</b> Add
		Wellington, FL 33414	Remove
			TAGE COMPANY
AMBR	Scott Dowler	3420 Harness Circle	DEC / S
		Wellington, FL 33414	PH Remeve PRIDA
AMBR	Heather Robinson	9873 Baywinds Drive, #5102	■ Add
		West Palm Beach, FL 33411	Remove
· · · · · · · · · · · · · · · · · · ·			Add
			Remove
		M747-81-74	□ Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	e date, if other than the date of filing:
Dated	
	Signature of a member or authorized representative of a member
	Duncan B Morrell
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA