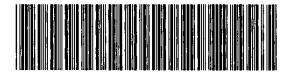
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TALLAHASSEE, FLORID

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT

Miami Dade Marketing, 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:

Eric Smith

Name of Person

SB Sports and Fitness, LLC

(Former: Miami Dade Marketing LLC)

Firm/Company

15750 SW 138 Terrace

Address

Miami, FL 33196

City/State and Zip Code

eric_david_smith@hotmail.com

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

For further information concerning this matter, please call:

Eric D. Smith

786,413-4627

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**

Miami Dade Marketing, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)
(**************************************	Lemy,	
The Articles of Organization for this Limited Liability Company v	were filed on 7/15/2013	and assigned
Florida document number L13000010363		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
SB Sports and Fitness, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		C'A
(Principal office address MUST BE A STREET ADDRESS)		7 A S 3
		Se ≥ Se
		ASE Carrier
Enter new mailing address, if applicable:		SE 2
(Mailing address MAY BE A POST OFFICE BOX)		- F - F - F - F - F - F - F - F - F - F
		OR.
		DA -
B. If amending the registered agent and/or registered offi		ter the name of the nev
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
<u> </u>	, Florida	
	City	Zip Code
New Registered Agent's Signature if changing Degistered Agents		

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 = Ma MGRM = M	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
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			Add
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
_	
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-	
ed	July 30,1, 2013.
	Signature of a member or authorized representative of a member
	Eric D. Smith
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
JALLAHASSEE, FLORIDA