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SECRETARY OF STATE
TALL ANASSEE ELOSIS

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COVER LETTER

TO: Registration S Division of Co			3 · ·
ON POIN SUBJECT:	T INITIATIVE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
. •	JACOB J. SITZMAN		
		Name of Person	
	· · · · · · · · · · · · · · · · · · ·		
		Firm/Company	
	8091 SW 144TH ST		
		Address	
P*2 4.3["	PALMETTO BAY, FL 3:	3158	
		City/State and Zip Code	
• •	ja cob Sitzma E-mail address: (n Q yahoo. Com to be used for future annual report notificati	on)
	concerning this matter, please c	all:	
JACOB SITZMAN	3:	305 304-4954 at ()	
Name	of Person	Area Code Daytime Tel	lephone 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)
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COURIER Registration Section Division of Corporatio	

P.O. Box 6327

Tallahassee, FL 32314 ...4 *

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ealer.

	ON POINT INITIATIVE LLC			
	(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
he Article	es of Organization for this Limited Li	ability Company	were filed on 01/31/2016	and assigned
lorida dod	cument number <u>L13000015960</u>	·		
his ameno	dment is submitted to amend the follo	owing:		
If ame	nding name, <u>enter the new name o</u>	f the limited liab	ility company here:	
IIGH GRO	DUND FITNESS LLC			
ne new nam	ne must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new	principal offices address, if applic	able:	N/A SAME	
Principal	office address MUST BE A STREE	T ADDRESS)		
			••	
	•, •			
nter new	mailing address, if applicable:		N/A SAME	
	ddress MAY BE A POST OFFICE	ROX)		
rationing to	WW.CBB 11111 B2 111 061 61 1102	<u> </u>		
•			•.	
	ending the registered agent and/agent and/or the new registered of			nter the name of the n
				E 85
N	lame of New Registered Agent:	N/A SAME		ORE THE
,				As 60
· <u>N</u>	lew Registered Office Address:		Enter Florida street address	SIR IO
	***		imer i tortaa sireet aaaress	
			, Florid	a 500 5 11
. 1			City	Lip Code
ew Regist	tered Agent's Signature, if changing F	<u>legistered Agent:</u>		2 m

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 merelly 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

ļ,

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

<u>Title</u>	Name	Address	Type of Action
	Allen Comments		
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Filing Fee: \$25.00