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a. SAULSBERRY

MAR 6 2013

COVER LETTER

TO: Registration Section **Division of Corporations** Active Family Fitness 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: Donna Lipscomb Name of Person **Active Family Fitness** Firm/Company P.O. Box 3525 Address Coppell, TX 75019 City/State and Zip Code dal0506@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna Lipscomb 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

Active Family Fitness LLC				
(<u>Name of the Limited L</u> (A F	iability Compa Iorida Limited I	iny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Lial	bility Company	were filed on 02-20-20	ond assignment	ed
Florida document number L13000026088	 •			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited lial	oility company here:		
Active Family Fitness 2 LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company," the	e designation "LLC" or the abbr	eviation
Enter new principal offices address, if applical	ble:	n/a	2013	
(Principal office address MUST BE A STREET	ADDRESS)		> 3	777
			To p	
Enter new mailing address, if applicable:		n/a		
(Mailing address MAY BE A POST OFFICE BOX)			AIL O	
			75×	
B. If amending the registered agent and/or registered agent and/or the new registered officers.			cords, enter the name of t	<u>he new</u>
Name of New Registered Agent:	n/a			
New Registered Office Address:				
· · · · · · · · · · · · · · · · · · ·		Enter Flo	rida street address	
			_, Florida	
		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = 1	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
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			Add		
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If amending any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)
February 25	
M	
Donna Lipscomb	of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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