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### **COVER LETTER**

Division of Corpo					
subject:Fun	Y Fit Gymn Name of Lim	astics LLC ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
,	Becky Pr	Name of Person			
		Firm/Company	<del></del>		
	3312 W.S	an Juan St. Address	<del></del>		
	Tampa,	FL 33629 City/State and Zip Code	Po v	2014	
	Etaumne K-mail address: (	astics Domail. Cor	cation)	BIN NOV 12	
For further information cor	acerning this matter, please ca	all:	Sin		
Becky Pr	Person	at ( <u>904) 631-3</u> Area Code Daytime	7   2   59 Telephone Number	AH 11: 30	
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)	EV\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc		

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

## TO ARTICLES OF ORGANIZATION OF

Tun 4 fit Gumna (Name of the Limited Liability Compa (A Florida Limited I	stics LLC  ny as it now appears on our records  jability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L1300087140</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Elite Technique.  The new name must be distinguishable and end with the words climited Liab	umnastics LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	*****	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	3312 W. Sanc Tampa, FL3:	Tuan 3 7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		, enter The name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	S
	City , Flo	orida 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 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

# Authorized Member being added or removed from our records:

MGR = Manager

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