L13000/18877

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COVER LETTER

TO:

Registration Section Division of Corporations

CUBICT.

MG 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:

Mark S. Grand, Esq.

Name of Person

Grand & Grand, P.A.

Firm/Company

4010 Sheridan Street

Address

Hollywood, FL 33021

City/State and Zip Code

Foxglove18@bellsouth.net

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

For further information concerning this matter, please call:

Mark S. Grand

at (954) 989-2889

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

FILED
2013 SEP -3 PN 2: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MG FITNESS, LLC	
(<u>Name of the Limited I</u> (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	ability Company were filed on August 22, 2013 and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	TADDRESS)
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE E	<u> </u>
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on our records, enter the name of the new fice 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Address** Title Name 7602 NW 186th Street ITALIA MINERVINI MGR Miami Gardens, FL 33015 7602 NW 186th Street FRANK MAZZRILLO MGR Miami Gardens, FL 33015 Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• `	•
Dated	8/29 2018
	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Bance Singer Frank Mazzrillo Authorized Signature of a member of a
	GHALLE SLES
	Lesliesinger Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

