# : 613000130447

(Re	equestor's Name)	
(Ad	ldress)	
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TALLAHASSEE, FLORIDA

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## **COVER LETTER**•

	egistration Sec ivision of Corp			
SUBJECT	. AMP Trai	ning, LLC		
SOBJECT	•	Name of Limi	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspon	dence concerning this matter	to the following:	
		P Training, LLC  Name of Limited Liability Company  les of Amendment and fee(s) are submitted for filing.  rrespondence concerning this matter to the following:  Brian Betancourt  Name of Person  AMP Training, LLC  Firm/Company  4700 SW 64th CT  Address  Miami, Florida 33155  City/State and Zip Code  courtbetanb@outlook.com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call:  urt  are of Person  Area Code  Daytime Telephone Number		
			Name of Person	
		AMP Training, LLC		
			Firm/Company	
4700 SW 64th CT				
			Address	***************************************
		Miami, Florida 3315	5	
				cation)
For further	information co	·	·	cation,
Brian B	etancourt			
-,	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for the	following amount:		
□ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

AMP Training, LLC				
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our r la Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Florida document number L13000130447	Company were filed on Septemb	er 13, 2013 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
Exerscience Fitness, LLC		··		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation	n "LLC" or the and feviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	SS D		
Enter new mailing address, if applicable:		PH 4: 50 PH GRIDA		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regregistered agent and/or the new registered office ade		cords, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida 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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title Type of Action** Name Address ☐ Add ☐ Remove ☐ Add \_\_□ Remove □ Add ☐ Remove □ Remove \_ Add ☐ Remove \_\_\_\_ □ Add

☐ Remove

If amending any other information	tion, enter change(s) here: (Attach additional sheet	ts, if necessary.)
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•		
<u> </u>		
Effective date, if other than the (The effective date must be specific, cannuthe date this document is filed by the Flo	date of filing:  ot be prior to date of receipt or filed date and cannot be more that orida Department of State)	<b>(optional)</b> n 90 days after
Dated January 17	2015	
	ni Da	
-	Signature of a member or authorized representative of a memb	оет
Brian Betancourt		
	Typed or printed name of signee	

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Filing Fee: \$25.00

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