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TO: Registration So Division of Co		* :	• • •
SWE	at Lounge, LLC	>	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Gorri	tz	
		Name of Person	
	Urban Zero,	LLC	
		Firm/Company	
	PO BOX 534	46	
	<u>_</u>	Address	
	Tampa, FL 3	33675	
		City/State and Zip Code	
	daniel.gorritz@gr	mail.com to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca		· · · · · · · · · · · · · · · · · · ·
Daniel Gor		813,482-60	613
Name	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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)
Regist	ING ADDRESS: ration Section	STREET/COURI Registration Section Division of Corpora	1

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ł

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sweat Lounge, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company Florida document number 13000149337 .	were filed on 1023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
Urban Zero, LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		IAL
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	PO BOX 5346	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33675	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the new
New Registered Office Address:	Enter Florida street address	

_____, Florida

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of Action		
			Add	
			Remove	
			Add	
			Remove	
			TALESEL	
			TALLAHASSEE, FLORIDA	
. <u> </u>			RIDA Add	
			Remove	
		<u></u>		
			Add	
			Remove	
			🗅 Add	
			Remove	

D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary	.)		
`			
E. Effective date, if other than the date of filing:(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after			
the date this document is filed by the Florida Department of State) Dated 2/12 2014			
Dated,			
Signature of a member or authbrized representative of a member Daniel Gorritz			
Typed or printed name of signee		_	
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Filing Fee: \$25.00