113000/6/426

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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| |

Office Use Only



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2014 APR II AMIII: 13 SECRETARY OF SHARE

APR 1 4 2013
T. HAMPTON

COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
|---|---|---|--|
| SUBJECT: G7 For | CO BOXING A | InD FitNess ted Liability Company | LLC. |
| The enclosed Articles of An | nendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | ence concerning this matter | to the following: | |
| | GilBERTO | REYES Name of Person | |
| | G Force Box | ing and Fitnes | <u>s</u> |
| | 3040 N.E | 190 # 54 A7+ 30 | 06 |
| | Aventura f | City/State and Zin Code | <u></u> |
| | GSROGM E-mail address: (1 | Ail. Com o be used for future annual report notific | cation) |
| For further information cond | cerning this matter, please ca | all: | |
| GilBERTO Name of Po | Rt YES | at (<u>305</u>) <u>804</u> . 9 Area Code Daytime | 875— Telephone Number |
| Enclosed is a check for the | following amount: | | |
| □ \$25.00 Filing Fee | S30.00 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

| (Name of the Limited Liahi (A Floric | DXING 4 FINESS lity Company as it now appears of da Limited Liability Company) | LLC nour records.) |
|---|---|---|
| The Articles of Organization for this Limited Liability Florida document number | | 1-9.2014 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: | |
| The new name must be distinguishable and end with the words "I | imited Liability Company," the desi | gnation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | 7 7 |
| Enter new mailing address, if applicable: | | EC RELAR |
| (Mailing address MAY BE A POST OFFICE BOX) | | m _o = M |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad | istered office address on or dress here: | ar records, enter the name of the new |
| | | |
| 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

| | authorized Member | | |
|--------------|-------------------|--|--|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
| MGR | GilBERTO J REYES | | Add |
| | | | □ Remove |
| | | | |
| MAR | Gil REYES | - | Add |
| | • | | |
| | | | □ Add |
| | | | □ Remove |
| | | | Add |
| | | - Marie - Mari | Add SEG Remover TALL AREA AREA |
| | | | |
| | | | Affi Es Remove |
| | | | |
| | | | |
| | | | □ Remove |
| | | | |

| (optional) nore than 90 days after |
|---------------------------------------|
| |
| a member |
| 1 |

Page 3 of 3

Filing Fee: \$25.00

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