L13000170347

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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APR 1 5 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section **Division of Corporations**

TITLE BOXING CLUB PORT ORANGE,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:

	Rollins Cla	ry		
		Name of Person		
		Firm/Company		
	615 Mura (Ct.		
		Address		
	New Smyri	na Beach	, FL 32	2168
		City/State and Zip C	Code	
	E-mail address: (to be used for future an	nual report notific	ration)
For further information co	oncerning this matter, please c	all;		
Rollins Cla	ıry	_{at (} 386,	689-6	328
Name of	Person	Area Code	Daytime	Felephone Number
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing f Certified Cop (additional copy)	у	■ \$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



April 1, 2014

ROLLINS CLARY 615 MURA CT NEW SMYRNA BEACH, FL 32168

SUBJECT: TITLE BOXING CLUB PORT ORANGE, LLC

Ref. Number: L13000170347

We have received your document for TITLE BOXING CLUB PORT ORANGE, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 214A00006894

Tammy Hampton
Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITLE BOXING CLUB PORT ORANGE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on Decembe	er 10, 2013 and assigned
Florida document number L13000170347		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
JAB FITNESS, LLC		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation	"LLC" 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:		AR BUT
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our reco	rice T
registered agent and/or the new registered office address here		ones de la
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
	and the second second	T.C
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as p		

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
	-		□ Add
			Remove
			Add
	•		Remove
			2014 APR
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			APR AP PHEMOVE LANDSEE. STORIES
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			☐ 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:				
	Dated March 26, 2014.				
	Green Chr				
	Signature of a member or authorized representative of a member				
	Rollins Clary, Manager/Member				
	Typed or printed name of signer				

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Filing Fee: \$25.00

2014 APR 14 PH T: 46
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AND ANASSEE, FLORIDA