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SEP 13 2013 D. BRUCE

COVER LETTER

TO:	Registration Sec Division of Corp			·	
SUBJI	ест: <u>AU</u>	AROUND GUNDENAME OF LIM	AMNASTICS ACAO	Imy LLC	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Lysnet	BAUNKER Name of Person		
		All AROUM	SI GYNNASTICS P	Gendeny	
		1013 SE	Holbanok Ct.		
		Pt. St. 1	City/State and Zip Code	353	
		LUNAME	REPAOLCOM to be used for future annual report notific		
		E-mail address: (i	to be used for future annual report notific	cation)	
For fu	rther information co	ncerning this matter, please ca	all:		
	yNNEH!	BAUMKER	at (222) 337 -	3000 ST	1
Enclos	Name of	e following amount:	Area Code Dayume	P 2: 3	į
		. / -	Fig. 655 00 Pillag Pag 6	T 640 00 Filing For	
□ \$2	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:

TO:

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

All PROUNCE (Name of the Limited I	Jability Company as it now appears on our records.) Florida Limited Liability Company)	LLC	
The Articles of Organization for this Limited Liabi	lity Company were filed on January	3, 2014 and ass	igned
Florida document number	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here:		
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" o	r the abbreviation "I	L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name	of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	Pro B	
_	, Floric	la Sila Pi	""
	City	Zip Code	
New Registered Agent's Signature, if changing Reg	-	ם ייב	
I hereby accept the appointment as registered a	igent and agree to act in this capacity. I furth	er agree to comp	oly with the

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LORI Dillow	820 5 74 St.	Add
		FE. PIERCE FL	□ Remove
		34950	
			Add
			Remove
			Add
			□ Remove
			<u>.</u>
			Add
			G. Remove
			SEP 12
			Add 1
			Remove 2
			
			Add
			Remove

		• •
	NO Charges	
	J	
Effective The effectiv	date, if other than the date of filing: (op e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 day	otional) vs after
the date thi	s document is filed by the Florida Department of State)	,
Dated	September 7. 2016.	,
Dated	September 7. 2016.	
Dated	September 7. 2016.	
Dated		

Page 3 of 3

Filing Fee: \$25.00

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