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SECRETARY OF STATE

D. BRUCE NOV 3 0 2016

COVER LETTER

TO: Registration Sec Division of Corp		÷ :	
SUBJECT: Flaim	Fitness L.L.C. Name of Limi	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter	_	
	Derek Fla	im, Owner / Manager	
		Firm/Company	
	16927 Wa	aterline Road Address	2018 TAL:
	2016 NOV 2		
•		City/State and Zip Code ess@gmail.com to be used for future annual report notifi	cation) SEC. F. S
For further information of	oncerning this matter, please c	all:	H: 13
Derek Flaim	f Person	at (941) 504.124 Area Code Daytime	18 Telephone Number
Enclosed is a check for the			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Cortified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURT	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FLAIM FITN					
(Name of the Limit	ed Liability Compar (A Florida Limited L	y as it now appears inbility Company)	on our records.)			
The Articles of Organization for this Limited Life Florida document number L14000006349 This amendment is submitted to amend the follow. A. If amending name, enter the new name of	ability Company	were filed on	01/13/2014	and assi	gned	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the de	signation "LLC" or t	he abbreviation "L.I	C."	
Enter new principal offices address, if applicable:		16927 WATE	RLINE RD			
(Principal office address MUST BE A STREE	T ADDRESS)	BRADENTON FL 34212				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16927 WATE				
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>e</u> :	our records, e	OV 28 I	of the new	
	16927 WATERLINE RD			1. S.	0	
New Registered Office Address:			ida street address	STIP IS		
	BRADENT		, Florid	a 34212		
		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

DEREK FLAIM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u>Title</u>	Authorized Member <u>Name</u>	<u>Address</u>	. Type of Action
<u> </u>	<u> </u>	Address	Type of Action
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