

LLY 0000 33468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

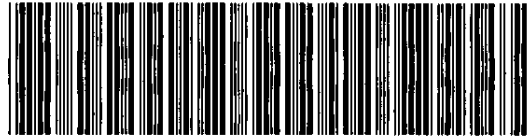
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MILLER COUNTY CLERK
MILLER COUNTY, MISSISSIPPI

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: YOUR PT 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:

RICHARD STAGLOVE STROM
Name of Person

YOUR PT LLC
Firm/Company

8107 BISCAYNE BOULEVARD
Address

MIAMI, FLORIDA, 33138
City/State and Zip Code

INFO@FITNESSPLATOON.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD STROM at (786) 333 6665
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

TO
ARTICLES OF ORGANIZATION
OF

YOUR PT 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 27TH FEBRUARY 2014 and assigned Florida document number L14000033468.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FITNESS PLATOON LLC

The new name must be distinguishable and end with the words "Limited Liability 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

Authorized Member being added or removed from our records:

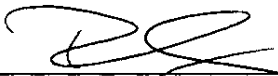
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	KELLY-ANN CHARLES	8101 BISCAYNE BLVD, UNIT 607, 33138, MIAMI FLORIDA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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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 24TH OF JUNE, 2014.



Signature of a member or authorized representative of a member

RICHARD STEA LOVE STROM

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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CORPORATION