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(Re	questor's Name)	·
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SECRETARY OF STATE

## **COVER LETTER**

TO: 'Registration S Division of Co			
Longwood	Fitness, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The analoged Assistance	`Amendment and fee(s) are sub	ancienal for Oliva	
	ondence concerning this matter	_	
rease return air correspo	ondence concerning and matter	to the tollowing.	
	Shivon Patel, Esq.		
		Name of Person	
	The Principal Law Firm, F	P.1	
		Firm/Company	
	4907 International Parkwa	y. Suite 1061	_
	•	Address	
	Sanford, Florida 32771		•
		City/State and Zip Code	
	larry@hesholdings.com E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Shivon Patel		407 322-3003	•
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
	□ \$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)
Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations fox 6327 assec. FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Longwood Fitness, LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L14000050630}{L14000050630}$	ompany were filed on March 27, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
		<b>1</b> F0
Enter new mailing address, if applicable:		一卷数
(Mailing address MAY BE A POST OFFICE BOX)		700
, and the second	-	E Pu
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ter the name of the new
Name of New Registered Agent:		···
New Registered Office Address:		
	Enter Florida street address	
	, Florida	l
	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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR= Manager AMBR= Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	HES Holdings, Inc.	9161 Narcoossee Road. #104	Add
		Orlando, Florida 32827	■ Remove
			Change
AMBR	Larry Romero	9161 Narcoossee Road, #104	■ Add
		Orlando, Florida 32827	Remove
			☐ Change
			SECURE AND
			□ Remove SSAF
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stive date if other than the date of fillings	(ontional)
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or mone:  If the date inserted in this block does not meet the applicable statutory filing nument's effective date on the Department of State's records.	e than 90 days after filing.) Pursuant to 605.0 requirements, this date will not be listed
record specifies a delayed effective date, but not an effective ting ne 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier
ed December 20. 2016.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00