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C. GOLDEN

MAR - 4 2020

COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: S/MMETR/ S/M 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:									
MUSTAFA Adeeb Name of Person									
SYMMETRY GYM UC.									
412 E OAKIAND Park BIVD.									
Fort lauderdale, FL, 33334									
Must AFAA deeb 86 @ quail. Com E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
MustAFA Adecb at (619) 430 - 8010 Name of Person Area Code Daytime Telephone Number									
Enclosed is a check for the following amount:									
S25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy tadditional copy is enclosed) S60.00 Filing Fee, Certified Copy tadditional copy is enclosed) Certified Copy tadditional copy is enclosed)									

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Keegan McQuaide

3030 NE 5th Ter. Apt 12 Wilton Manors, Fl 33334 (954) 591-6993

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMMETRY GYM LLC2020 FEB-4 PH 4:53

imited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 12 115 12014 and assigned Florida document number <u>L 14000</u> 190 664 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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:

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Type of Action
MBR	Keegan MQuaide	3030 NESTA Tel. Willon Manuel FL 33334	\$ _ 1DAdd
			_ □Remove
			_ □Change
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		Fort landerdale, FL 33334	_ ERemove
			_ □Change
AMBR	MUATAZ ANWER	2 3006 N Evergreen Civ	_ □Add
		Boynton Beach, FL 33426	_ Nemove
			_ □Change
AMBR	AHMED ALBOYATI	412 E Oakleind Park Blv.	<u>}</u> □Add
		Fort lauderdale, Fl 33334	_ □Remove
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