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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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DIVISION OF CORPORATIONS

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COVER LETTER

Divi	sion of Corpo	rations		
SUBJECT:	JEG TRAINI			
			ed Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return	all correspond	ence concerning this matter to	the following:	
		ERIC J WIESEMANN		
			Name of Person	
			Firm/Company	
			' in the company	
		3189 ANTICA STREET	ı	
			Address	
		FORT MYERS, FL 33905		
			City/State and Zip Code	
		EJW.CPT84@GMAIL.COM		
		•	be used for future annual report notificat	on)
For further in	formation con	cerning this matter, please call	l:	
ERIC J WIE	SEMANN		239 980-7262 at ()	
	Name of Po	erson	Area Code Daytime Te	lephone Number
Enclosed is a	check for the i	following amount:		
■ \$25.00 F	iling 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)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEG TRAINING, LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited L	iability Company	were filed on	;	and assigned	
Florida document number L15000021054	<u> </u>				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	of the limited liab	ility company here:			
MOBILE FITNESS 413, LLC					
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designati	on "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:		3189 ANTICA STREE	e T		
(Principal office address MUST BE A STREE	ET ADDRESS)	ADDRESS) FORT MYERS, FL 33905			
					_
Enter new mailing address, if applicable:		3189 ANTICA STREE	ET .		
(Mailing address MAY BE A POST OFFICE BOX)		FORT MYERS, FL 33905			_
					_
B. If amending the registered agent and registered agent and/or the new registered o			records, enter th	16 SEF	e ne
Name of New Registered Agent:					
New Registered Office Address:	3189 ANTICA			1.8 HW 1	占
		Enter Florida stre		08.7 © €	
	FORT MYERS		, Florida	S	
		City		Zip E ode 🕶	

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

Page 1 of 3

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>	Address	Type of Action
MGR	ERIC J WIESEMANN	3189 ANTICA STREET	
		FORT MYERS, FL 33905	□ Remove
			☐ Change
			□ Add
			Remove
•			☐ Change
			A SE SE Properties Pro
		<u> </u>	Add SEmeve Charge 8: Lucian Britiston Britist
			Remove
			Change
			
			☐ Remove
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Effect	ive date, if other than the date of filing:	(optional)	
Note:	fective date is listed, the date must be specific and cannot be If the date inserted in this block does not meet the appent's effective date on the Department of State's reco	prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 oplicable statutory filing requirements, this date will not be listed a ords.	37 (3 is th
	cord specifies a delayed effective date, but 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlier	of:
Dated	SEPTEMBER 19 2016		
Dateu	, , 1		

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00