L150000 25829

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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J. HARRIE

COVER LETTER

Division of Cor			. *
Fountain Figure SUBJECT:	tness and Gym, LLC	•	•
SOBJECT:	Name of Lim	ited Liability Company	
	·		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Alexander Spoov		
		Name of Person	
	Fountain Fitness and Gym		
		Firm/Company	
	2233 Calais Drive, Unit 35	A .	•
		Address	
	Miami Beach, FL, 33141		
	alex@fountaingym.com	City/State and Zip Code	
	-	to be used for future annual report notif	ication)
For further information co	oncerning this matter; please ca	all:	
Alexander Spoov		305 407-0700	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	 	-
The Articles of Organization for this Limited I Florida document number L15000025829	Liability Company were filed on $\frac{0}{2}$	2/02/2015	and a	issigned
This amendment is submitted to amend the fol	lowing:			i
A. If amending name, enter the new name	of the limited liability company h	ere:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or th	e abbreviation	L.L.C."
Enter new principal offices address, if appli	cable:		50 25	- 1
(Principal office address MUST BE A STRE	ET ADDRESS)			
			49.1	
Enter new mailing address, if applicable:			97.	८
(Mailing address MAY BE A POST OFFICE	<u> </u>		:Dug	<u> </u>
	·	·	, ., .,	
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	n our records, <u>ent</u>	ter the nam	e of the no
Name of New Registered Agent:	Jaroslava Schneider		· ·· · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	1096 Normandy Drive			
· · · · · · · · · · · · · · · · · · ·	Enter Flo	orida street address		
	Miami Beach	, Florida		
	City		Zip Cod	le

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>	Name		Address	. · · · · ·	Type of Action
MGR	Jaroslava Schneider		1920 Biarritz Drive, #3		Add
<u>.</u>		•	Miami Beach, FL, 33141		□ Remove
					Change
MGR	Irene Martineau	•	2233 Calais Drive, #35A		□ Add
			Miami Beach, FL 33141		■ Remove
					Change
	·				Add
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					Add
					Remove
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ective date, if other than the date	te of filing:	(optional)	605 <u>0</u>
e: If the date inserted in this block	specific and cannot be prior to date of filing or does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to ng requirements, this date will not be	605.0 listed
ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depart	does not meet the applicable statutory fili-	(optional) more than 90 days after filing.) Pursuant to ng requirements, this date will not be	605.0 listed
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Filing Fee: \$25.00