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D. SCOTT JAN 10 2018

## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE	Firebase Fi	tness, LLC			
500,15		Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	•		
		Keith McGuire			
			Name of Person		
		Firebase Fitness, LLC			
			Firm/Company		
5103 Forsyth Commerce Road, Suite 3				2011 SE SAL	<u></u>
		Orlando, FL 32807	Address	SECRETAL SECRETA	FILEL
		Change, P. 52007	City/State and Zip Code	ARY OF ASSEE, F	E
		kmcguire200@gmail.com		55 <b>\$</b>	
For furth	ner information c	oncerning this matter, please c	to be used for future annual report noti all:	ilication)	
Keith M	deGuire		407 808-9645 at ()		
	Name o	f Person	Area Code Daytim	Telephone Number	
Enclosed	d is a check for th	ne following amount:			
<b>■ \$25</b> .	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)	
		INIC ADDDDGG			

MAILING ADDRESS:

TO:

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

FireBase Fitness, 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  $\frac{03/06/2015}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Red Spartan Fitness Company, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Cirv

## 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, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective	date, if other than the date of filing:(optional)
effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Hing.) Physuant to 605.0.
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he 9	Oth day after the record is filed.
	<b>→</b> 1
ed	December 30, 2017.
	Will MUCHINI
	rillar VVIIIIVAPO Z

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00