L15000044384

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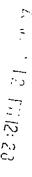


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COVER LETTER

TO:	Registration Se Division of Cor			
eun in		Marco, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Randal C. Fairbanks, Esq		
			Name of Person	
		Brennan, Manna & Diamo	nd, PL	
			Firm/Company	
		800 West Monroe Street		
			Address	
		Jacksonville, Florida 3220:	2	
			City/State and Zip Code	
		rfairbanks@bmdpl.com	to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please ca		,
	C. Fairbanks	.	904 366-1500 at ()	
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TFW San Marco, 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 March 11, 2015 and assigned Florida document number 1.15000044384 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Result Fitness, LLC 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) 225 Water Street Enter new mailing address, if applicable: Suite 1500 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, Florida 32202 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: 800 West Monroe Street New Registered Office Address: Enter Florida street address __, Florida 32202
Zip Code Jacksonville

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 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
			□Add
			Remove
			□Change
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ective date, if other than to effective date is listed, the date inserted in this cument's effective date on the	nust be specific and cannot be pr block does not meet the app	licable statutory filing requ	(optional) an 90 days after filing.) Pursu uirements, this date will n	uant to 605.020 not be listed a
ecord specifies a delayed effectis filed.	tive date, but not an effective	e time, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
May 19	2020			
ted		·		
	Signature of a member or a	thorized representative of a r	nember	