

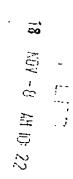
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COVER LETTER

	FIND FITN	ticee 117		
SUBJECT:	THIND FIRE		ited Liability Company	
		raine or izin	ned Charley Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		CHRISTIAN W. WAUGE	i	
			Name of Person	
		WAUGH LAW, P.A.		
			Firm/Company	
		13940 U.S. HWY 441, ST	E. 906	
			Address	
		THE VILLAGES, FL 321.	59	
		cwaugh@waughpa.com	City/State and Zip Code	
	•	E-mail address: (to be used for future annual report notif	ication)
For further in	iformation c	oncerning this matter, please c	all:	
CHRISTIAN W. WAUGH		Ш	352 750-0325	
<u></u>	Name e	f Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for the	he 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

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

FIND FITNESS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L15000048266	pany were filed on 3/17/2015	and assigned
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 I	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	2-3
		5
Enter new mailing address, if applicable:		<u>ီ</u>
Mailing address MAY BE A POST OFFICE BOX)		
		Ş
		22
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		, -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code

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>	<u>Address</u>	Type of Action
MMBR	DOMENICUCCI, KATHLEEN	2371 LONGBOW TRAIL	
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		THE VICENCIAN IS 12102	■ Remove
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ective (date, if other	than the date	of filing	::			(ор	tional)	
effectiv le: If th	re date is listed, t he date inserted	he date must be s I in this block d	pecific and oes not m	cannot be pri	or to date of icable statu	filing or more tory filing re	than 90 days af	ter filing.) Pun his date will	suant to 605.02
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record he 90	d specifies a th day after	delayed effort	ective da s filed	ate, but r	ot an eff	ective tim	e, at 12:01	a.m. on t	he earlier
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ed	Oct. 31			2018					
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		Lynn	(1)	malen	ene				

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Filing Fee: \$25.00