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Special Instructions to Fi	ling Officer:	

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18 SEP 20 PN 5: 05 SECRETARY OF STATE TALLAHASSEE FLORDA

SEP 22 2018 S. YOUNG

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Am MWB 1	FL LLC uted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Joseph	Chapin			
	Gym S	Ports har			
		Firm/Company			
	<u>2287 h</u>	litton Dr	· · · ·		
	Wilton A	Address Aunors FL 333 City/State and Zip Code	305	18 SEP SLOW IN IALLAHA	~ •
	joe@ gym	City/State and Zip Code SportShar, Com to be used for future annual report notificall:	· · · ·	P 20 IANA IASSE	
	E-mail/address: (to be used for future annual report notific	ation)	L13 (**) -	E
doseph	Chapm	at(202)_276-	- 5446	PN 5: 05	
Name of Name o	of Person	Area Code Daytime	Celephone Number		
\$25.00 Filing Fee	_	The continue Real R	□ \$ 40.00 ₽⊞	U.s.	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

TEAM MWB	FL LLC	
(Name of the Limited Liabili (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 15000049824</u>	Company were filed on	ori 23, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>
Enter new mailing address, if applicable:		SEP 20
(Mailing address MAY BE A POST OFFICE BOX)		H. D.
D If		000 St.
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ir records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida :	street oddress
		, 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>	Address	Type of Action
MER_	ERICH COURAGE	2287 Wilton Drive	j Z _I \^dd
		Wilton Manors, FL 33305	☐ Remove
	,		Change
MER	MATTHEW LOGAN	2287 Wilton Drive	Add
		Wilton Manors, 12 3330	5 Remove
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		ALC	Add Remove
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effective date is list e: If the date inse	ted, the date must be spected in this block didate on the Departs	ecific and cannot boos not meet the	applicable statuto:	ng or more than 90 da	ys after filing.) Pu	
	es a delayed effo fter the record i		ut not an effec	tive time, at 12	:01 a.m. on	the earlier o
ed Augus	t 30		18			
	/	ture of a member (or authorized represen	ntative of a member	<u>-</u>	
	/I 5.g.a	1				

Page 3 of 3

Filing Fee: \$25.00