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SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

TO: Registration Se Division of Cor		a. t	
SUBJECT:	KING TON E	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ted	Name of Person	
	Defra	Firm/Company	
	27	SE 15 Ave Address	
	O Co	City/State and Zip Code Cover Control hot Marl. Coto be used for future annual report notification.	1471
	E-mail address: (eaver a hotmand. Co	ication)
For further information c	oncerning this matter, please ca	all:	
Name o	Dreaver of Person	at (352) 502 - Area Code Daytime	E Telephone Number
Enclosed is a check for the	he 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

VIKING IRON	EVENTS LLC
(Name of the Limited Liability Compar (A Florida Limited L	is as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on 3-19-15 and assigned
Plorida document number <u>L150000 50128</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	P'W
	ALL F
	JAN 2
Enter new mailing address, if applicable:	ASSE 22
Mailing address MAY BE A POST OFFICE BOX	
	S I COR
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
egistered agent and/or the new registered office address nere	L17000Z5195°
Name of New Registered Agent:	France Fitness, LLC
New Registered Office Address: 217	SE 13 - Ave Enter Florida street address
	<u>Cala</u> , Florida 34471
	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
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			□ Change
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Filing Fee: \$25.00