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COVER LETTER

Divi	sion of Corp	porations		
SUBJECT:	On and On	Massage & Fitness, LLC		
Sobsect.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Keith T. Appleby, Esq.		
			Name of Person	
		Banker Lopez Gassler, P.A	۸.	
			Firm/Company	
		501 E. Kennedy Blvd., Sui	ite 1500	
			Address	
		Tampa, FL 33602		
			City/State and Zip Code	
		KAppleby@bankerlopez.co		
			to be used for future annual report notific	cation)
For further in	formation co	oncerning this matter, please ca	all:	
Keith T. App	oleby, Esq.		813 222-1152 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	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:

TO:

Registration Section

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

		City ,	Zip Code
	Tampa		Florida 33602
New Registered Office Address:	Banker Lopez 6	Gassler, P.A., 501 E. Kennedy Enter Florida street add	
Name of New Registered Agent:	Keith T. Apple	by, Esq.	9: 82
registered agent and/or the new registered (•		
B. If amending the registered agent and	l/or registered of	ffice address on our reco	rds, enter the name of the nev
			85. 7
(Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	Tampa, FL 33618	
Enter new mailing address, if applicable:		Suite 707	
		2901 W. Busch Blvd.	
		Tampa, FL 33618	
(Principal office address MUST BE A STRE	ET ADDRESS)	Suite 707	
Enter new principal offices address, if appli	cable:	2901 W. Busch Blvd.	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "L	LLC" or the abbreviation "L.L.C."
On & On Fitness, LLC			
A. If amending name, enter the new name	of the limited liab	ility company here:	
This amendment is submitted to amend the fol	lowing:		
Florida document number L15000077421	·		
The Articles of Organization for this Limited I	Liability Company	were filed on Way 1, 2013	and assigned
		May 1, 2015	
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our rec Liability Company)	ords.)
On and On Massage & Fitness, LI			

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

Page 1 683

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 = 'Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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ffective date, if other than the date of filing: (or an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a state: If the date inserted in this block does not meet the applicable statutory filing requirements, ocument's effective date on the Department of State's records.	ptional) after filing.) Pursuant to this date will not be	605.020 listed as
e record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	1 a.m. on the ea	rlier o
Pated May 6th 2016.		
Signature of a member or authorized representative of a member		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00