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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	e #)
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SEP 21 2015 J SHIVERS

COVER LETTER

TO:	Registration Sec Division of Corp		, "	·
OUD II		H AND FITNESS LLC		
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	nclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	dence concerning this matter t	to the following:	
		JUAN E. FIGUERAS		
			Name of Person	
		JUAN E. FIGUERAS, P.A		
	•		Firm/Company	
		7700 N. KENDALL DRIV	E, SUITE 702	
			Address	
		MIAMI, FL 33156	·	
			City/State and Zip Code	
		FIGUERASLAW@AOL.CO		
For fu	rther information co	E-mail address: (to neerning this matter, please ca	to be used for future annual report notificall:	cation)
JUAN	N E. FIGUERAS		305 595-3750	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	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

LR HEALTH AND FITNESS LLC			
(Name of the Limited Lie (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number L15000123595	ty Company were filed on 7/20/2015	and assi	gned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words		abbreviation "L.I	C."
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET Al	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0		
			
B. If amending the registered agent and/or r registered agent and/or the new registered office		学生 黃	of the ne
Name of New Registered Agent:		SEP	**: <u>;</u>
New Registered Office Address:	Enter Florida street address	<u> </u>	046€
			114
	, Florida	Zip Corte	1

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.

New Registered Agent's Signature, if changing Registered Agent:

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:

AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			☐ Change
	•		□ Remove
			☐ Change
			Remove
			Change

•	to remove the following "FOR HEALTH, FITNESS AND REAL ESTATE
ACTIVITIES" and replaced w	rith the following: "The purpose of the LLC shall be to serve as a real estate
investment holding company a	and the LLC may transact any lawful business that may be engaged in by an LLC
organized under the Florida Re	evised Limited Liability Company Act, EXCEPT that the LLC may not transact, nor
shall it permit any other party	to transact on the LLC's property, any business prohibited by
the Declaration of Condomini	ium of Triangle Professional Building, a condominium,
including, but not limited to a	any business associated with providing physical therapy or health services to the
public and/or other medical pa	atients, as more specifically set forth in the Declaration recorded in
O. R. Book 37672, at Page 833	3, as amended by instrument recorded in O. R. Book 46572, at Page 840,
of the Public Records of Brow	vard County, Florida."
•	SEP 18
ctive date, if other than the c	September 10, 2015 date of filing: September 10, 2015 Coptional
effective date is listed, the date must if the date inserted in this blo	
effective date is listed, the date must if the date inserted in this blooment's effective date on the Department.	epartment of State's records. effective date, but not an effective time, at 12:01 a.m. on the earli

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Filing Fee: \$25.00