[1500012403]

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:) ywamiz Fitress	Performance ited Liability Company	
		nou statinity company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
	David Willie	Name of Person	
		ess le Horman e Firm/Company	
	(0525 SW 57"	CHAPH 4 Address	
	Minni, FC	3 3 / 4 3 City/State and Zip Code	
	Dave Will OOG @gm	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	,	ication)
David Wil	liums	at (<u>7 %</u>) <u>2 % 0 -9</u> Area Code Daytime	1014
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	•		
\$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

Dynamic Fitness Performan		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 15000 1240 33</u> .	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
ROYAL Performance LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		16 16
(Mailing address MAY BE A POST OFFICE BOX)	- A	
		32
B. If amending the registered agent and/or registered	office address on our records enter	
registered agent and/or the new registered office address he		
		57
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	/U / K	
	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>	Address	Type of Action
٧ſ	Educa Downs	4972 Sw 169th Ave	Add
		Miramar, FL 33027 NO	Remove
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Filing Fee: \$25.00