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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	rnia Fitness Partners, LLC Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Anita Camacho				
		Name of Person			
	Anita's Accounting Solution	ons, PLLC			
		Firm/Company			
	3113 S Dale Mabry Hwy.	Suite A			
		Address	·		
	Tampa, FL 33629			20 J	
	·	City/State and Zip Code		J.#. 3	45.
	TFPCali@AnitasAccountin				340
	E-mail address: (to be used for future annual report notific	ration)	Ē	- 필유·
For further information of	oncerning this matter, please c	all:		<u></u>	NA STATE
Anita Camacho		813 748-7098 at ()		Q.	STATE CRATIONS
Name (f Person		Telephone Number		
Enclosed is a check for t	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 Sta Certified Copy (additional copy is ea	tus &	
Mailing Address	Section	Street Address: Registration Sect			
Division of C P.O. Box 632		Division of Corp The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TFP California Fitness Partners, LLC						
(<u>Name of the Limited L</u> (A F	iability Compa lorida Limited	ny as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on 9/10/2015 Florida document number					gned	
This amendment is submitted to amend the following	ıg:					
A. If amending name, enter the new name of the	<u>limited liab</u>	ility company here:				
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	n "LLC" or the abbrev	riation "L.L	C."	
Enter new principal offices address, if applicable	3113 S Dale Mabry Hwy. Suite A					
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33629		<u> </u>		
				0 JAN 3		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
			· · · · · · · · · · · · · · · · · · ·	Ž		
				<u>.</u>	NE SE	
				۵.	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office : ere:	address on our records,	enter the name o	f the new	registered	
Name of New Registered Agent:	<u></u>					
New Registered Office Address: 3	113 S. Dale N	labry Hwy, Suite A				
New Registered Office / Idaless.	Enter Florida street address					
Т	ampa		, Florida ³³⁶²⁹			
_		City		Zip Code		
New Registered Agent's Signature, if changing Regi	stered Agent:					
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this cha	nd complete ed agent as _l stered office	performance of <mark>m</mark> y dut provided for in Chapter	ies, and I am fam :605, F.S. Or, if t	iliar with his docu	h and ment is	

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
MGR	Donald M Allen Jr	P.O. Box 18203	□Add
		Tampa, FL 33679	■Remove
		P.O. Box 18203	_
MGR	Tampa Fitness Partners, LLC	Tampa, FL 33679	= Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
		<u>. </u>	□Change
			□Remove

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Effect	ve date, if other than the date of filing: (optional)	
Note:	ve date, if other than the date of filing:	.0207 ed as
rd is fi		r the
Dated	January 30 2020	
	Signature of a member of authorized representative of a member	
	organization of a memorial and authorities representative of a memorial	

Filing Fee: \$25.00