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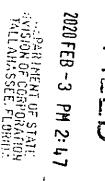
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S. YOUNG

COVER LETTER

	tration Se ion of Cor	ction rporations		
T SUBJECT:	TFP Califo	ornia Fitness Partners I, L	LLC	
oobuler			Name of Limited Liab	nility Company
Dear Sir or Ma	adam:			
The enclosed S	Statement	of Correction and fee(s)	are submitted for filing	g.
Please return a	ill corresp	ondence concerning this	matter to the following	g:
Anita Camach	10			
		Name of Person		-
Anita's Accou	nting Solı	itions, PLLC		
		Firm/Company		-
3113 S Dale M	Aabry Hw	y , Suite A		
		Address		-
Tampa, FL 3.	3629			
	C	City/State and Zip Code		-
TFPCali@An	itasAccou	ntingSolutions.com		
E-mail a	ddress: (to	be used for future annua	al report notification)	_
For further inf	ormation	concerning this matter, p	lease calt:	
Anita Camach	10		813 at (748-7098
<u> </u>	Name	of Person	Area Code	Daytime Telephone Number
Reg Divi P.O.	Box 63	Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	check for	the following amount:		
■\$ 25 Filing I	₹ce	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

			- <u>350 2 </u> -	ယ်
<u>D:</u>	The Florida Document number of the limited liability company is	s:		PH
	Document to be corrected is:		L RATE	?
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE	APPLICABLE S	TATEMEN	 <u>T</u>
	ains an incorrect statement. The incorrect statement, the reason the ment are as follows:	statement is incorr	ect, and the c	orrec
Ann	ual reports filed in 2017, 2018, and 2019 incorrectly listed Donald M Al	len, Jr as manager ((MGR). The c	огтес
mana	nger (MGR) as of April 17, 2017, and at all times thereafter, was and ha	s been Tampa Fitne	ess Partners, L	LC.
Refe	rence April 30, 2017 CC0820717258; April 30, 2018 CC5360490657; /	April 30, 2019 0684	992461CC	
	•			
or				
OR Was	defectively signed. The manner in which the document was defecti llows:			corre
OR Was	defectively signed. The manner in which the document was defecti			согге
OR Was	defectively signed. The manner in which the document was defecti			corre
OR Was as fo	defectively signed. The manner in which the document was defecti	vely signed and the		согго

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 address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)