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SECRETARY OF STATE
TALLAHASSEE FIREIR

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	FITNESS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kathi Myers		
		Name of Person	
	Name of Limited Liability Company neclosed Articles of Amendment and feets) are submitted for filing. Exacting Myers Name of Person		
		Address	
	Orlando FL 32812		
		City/State and Zip Code	
For further information c		·	notification)
Cindy Ketchum			13
Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		·	
Division of C	Corporations	Division of	Corporations
P.O. Box 632 Tallahassee. 1			of Tallahassee nroe Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rock-It Fitness LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L15000192063		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	ility company here:	
BB Creatives LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		7A.
Principal office address MUST BE A STREET ADDRESS)		20 M
		AR HAR
		SSF 72
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		25 co
		15. 10.7
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	iddress on our records, <u>enter t</u> l	he name of the new regist
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street address	
	· · · · · · · · · · · · · · · · · · ·	rida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00