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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	New Fitness	s Investments LLC		
SUBJECT.		Name of Lim	ited Liability Company	<del></del>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing	
		• ,	-	
Please return	all correspo	ndence concerning this matter	to the following:	
2		Dora Acherman		
			Name of Person	
		Ritter Zaretsky Lieber & J	aime LLP	
			Firm/Company	
		2915 Biscayne Blvd. Suite	300	
			Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Miami, Florida 33137		
			City/State and Zip Code	<del></del>
		dora@rzllaw.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please c	all:	
Dora Acherr	nan		305 3720933 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
<b>≅</b> \$25.00 F	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:

TO:

**Registration Section** 

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

New Fitness investinging LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/21/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
,	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7670 49th Street N
(Principal office address MUST BE A STREET ADDRESS)	Pinellas Park, FL 33781
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	* · · · · · · · · · · · · · · · · · · ·
	-
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Floridan of
Now Desigtaned Agent's Signature if showing Desigtaned Agent.	City Zin Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further geree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	Daniel Valladares	8840 SW 19th Street	
		Miami, Florida 33165	Remove
-			☐ Change
<u> </u>			Add
			Remove
		<del></del>	Change
	· 		□ Add
		<del></del>	□ Remove
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			☐ Change
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	tion, enter change(s) here: (Attach addi	
Note: If the date inserted in this bloocument's effective date on the De	at be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fil epartment of State's records.  It effective date, but not an effective	(optional) r more than 90 days after filing.) Pursuant to 605.0207 ling requirements, this date will not be listed as the time, at 12:01 a.m. on the earlier of
	2016	
June 15 ated	,	
ated		
ated	Signature of a member or authorized representati	ive of a member
Pated	Signature of a member or authorized representation BN 46315	ive of a member
Dated	Signature of a member or authorized representati	ive of a member

Filing Fee: \$25.00