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COVER LETTER

Division of Co			
BFit LLC			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	lvy Whittington		
		Name of Person	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status &
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Ivy Whittington			
	Pit LLC Name of Limited Liability Company riticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Ivy Whittington		
	583 Chestwood Chase Dri	ve	□ THE
		Address	田上
	Orange Park, Florida		8 28 8 28
	11116	swithinge am	ail. Com
For further information	concerning this matter, please c	all:	.
Ivy Whittington			
Name (of Person		Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
MAIL	JNG ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BFit LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on February 24, 2016	and assigned
Florida document number L16000038518		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Second Line Fitness LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		= = = = = = = = = = = = = = = = = = = =
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		28 S
		= 09
Enter new mailing address, if applicable:		9. 5
(Mailing address MAY BE A POST OFFICE BOX)		39
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
-	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
AMBR	Ivy Whittington	583 Chestwood Chase Drive	∃ Add
		Orange Park, Florida 32065	Remove
			Change
AMBR	Dennis Whittington	583 Chestwood Chase Drive	■ Add
		Orange Park, Florida 32065	□ Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date mus	date of filing:		(optional)	
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e record specifies a delayed The 90th day after the rec	I effective date, but no ord is filed.	ot an effective time	e, at 12:01 a.m. on	the earlier o
February 23	2017			
	,	 ·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00