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| (Do                     | cument Number)    | 1           |
| Certified Copies        | _ Certificate     | s of Status |
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| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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## **COVER LETTER**

|                   | egistration Sec<br>ivision of Corp |                                                 | ,                                      |                                   |                 |                                         |
|-------------------|------------------------------------|-------------------------------------------------|----------------------------------------|-----------------------------------|-----------------|-----------------------------------------|
| SUBJECT           | IXW Fitness                        | s, LLC                                          |                                        |                                   |                 | •                                       |
| :                 | •                                  | , Name of Li                                    | mited Liability Company                | <u> </u>                          |                 |                                         |
|                   | •                                  | •                                               | •                                      |                                   |                 | ·                                       |
|                   | 1                                  |                                                 | -                                      | •                                 |                 |                                         |
| The enclos        | ed Articles of A                   | Amendment and fee(s) are su                     | ibmitted for filing.                   |                                   |                 | •                                       |
|                   | ·<br>                              |                                                 | and the Call Court of                  |                                   |                 | •                                       |
| iease retu        | m an correspor                     | ndence concerning this matte                    | er to the following:                   | •                                 |                 |                                         |
|                   |                                    | Bobbi Hollars                                   |                                        |                                   |                 | .•                                      |
|                   | •                                  | ,                                               | 1                                      | •                                 |                 |                                         |
|                   | ,,                                 |                                                 | Name of Person                         |                                   | <u>.</u>        | ,                                       |
|                   |                                    | IXW Fitness, LLC                                |                                        | •                                 |                 |                                         |
| •                 | •                                  |                                                 |                                        |                                   |                 |                                         |
|                   |                                    |                                                 | Firm/Company                           | e                                 |                 |                                         |
| _                 |                                    | 201 S. Ridgewood Ave.,                          | Suite 13                               | _                                 |                 |                                         |
|                   |                                    |                                                 | . •                                    |                                   | •               |                                         |
| •                 | •                                  |                                                 | . , Address                            |                                   |                 |                                         |
|                   |                                    | Edgewater, FL 32132                             |                                        | ·                                 | ,               |                                         |
|                   | •                                  | ,                                               | •                                      |                                   |                 |                                         |
|                   |                                    | . ,                                             | City/State and Zip Cod                 | le .                              |                 |                                         |
| ·                 | •                                  | bobbihollars@gmail.com                          | ,                                      | •                                 | •               |                                         |
|                   |                                    | E-mail address                                  | : (to be used for future annu          | al report notification)           | <del> </del>    |                                         |
| or further        | information co                     | oncerning this matter, please                   | call:                                  |                                   |                 |                                         |
| Bobbi Holl        | lars ·                             | •                                               | 317 4                                  | 329329                            | •               |                                         |
|                   | Name of                            | Person                                          | Area Code                              | Daytime Teleph                    | one Number      |                                         |
|                   | •                                  | •                                               |                                        | •                                 |                 |                                         |
|                   |                                    | •                                               |                                        |                                   |                 |                                         |
| Enclosed_is       | a check for the                    | e following amount:                             | ,,                                     | •                                 |                 |                                         |
| <b>■ \$25</b> .00 | Filing Fee                         | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fed<br>Certified Copy |                                   |                 | of Status &                             |
| •                 | •                                  | •                                               | (additional copy is o                  | mclosed)                          | Certified C     | opy<br>py is enclosed)                  |
| •                 | -                                  | •                                               | ,                                      |                                   | (duditional) CC | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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|                   | Tallahas                           | ssee, FL 32314                                  | 2661 E                                 | xecutive Center Cir               | cle             |                                         |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IXW Fitness; LLC

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/04/2016}{-}$ and assigned Florida document number L16000073967 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 9thWave Fitness Community, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: عَ (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

| MGR =        | ed from our records:  Manager Authorized Member |                                       |               | • • •                                 |                                       | ·<br>·                                |                                        |                |
|--------------|-------------------------------------------------|---------------------------------------|---------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------------------|----------------|
| <u>Title</u> | <u>Name</u>                                     |                                       | . · <u>A</u>  | <u>ddress</u>                         |                                       | : .                                   | . •                                    | Type of Action |
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| fan e<br>Note: | tive date, if of fective date is list.  If the date insent's effective. | sted, the da<br>serted in t | ite must be<br>this block | specific<br>does n   | and canr<br>ot meet | the applica  | to date o     | of filing or<br>tutory fil | more tha    | n 90 day     | (options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(options)<br>(optio | filing.) | Pursuar<br>vill not | it to 605<br>be liste | 5.020<br>ed a |
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| e re           | ecord specifi<br>e 90th day a                                           | es a del<br>after the       | layed e<br>e record       | ffectiv<br>1 is file | e date<br>ed.       | , but no     | t an e        | ffective                   | time,       | at 12        | :01 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | .m. c    | n the               | earlie                | er d          |
| The            | March 20                                                                |                             |                           |                      | 20                  | )19          |               | r                          |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                     | -                     |               |
| The<br>Dated   | March 20                                                                |                             |                           |                      |                     |              | <del></del> · |                            |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                     |                       |               |

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· Filing Fee: \$25.00