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D. SCOTT OCT 2 6 2016

COVER LETTER

TO: Registration Sec Division of Corp				
	M HEALTH AND FITNESS	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	RAMON J. MATOS			
		Name of Person		
	PERKY BUM HEALTH A	ND FITNESS LLC		
	-	Firm/Company		
	15376 SW 32 TERRACE			
		Address		
	MIAMI, FL 33185			
		City/State and Zip Code		:
	RJMATOS@FIT4ALLSUP		= = = = = = = = = = = = = = = = =	
	E-mail address: (to be used for future annual report notifi		
For further information co	oncerning this matter, please ca	all:		
RAMON J. MATOS		305 613-7400 at ()	SSEE OF P)
Name of			Telephone Number FLORIDA 37	
Enclosed is a check for th	_			
■ \$25.00 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:

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

PERKY BUM HEALTH AND FITNESS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 4/18/2016	and assigned
Florida document number L16000075692		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	"or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	TASE 5
		- 開島丁
		器 2 二
Enter new mailing address, if applicable:		Ho H
(Mailing address MAY BE A POST OFFICE BOX)		FLST
		DAI 3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		s, enter the name of the n
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street addre.	SS
		orida
	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	RAMON J. MATOS	15376 SW 32 TERRACE	■ Add
		MIAMI, FL 33185	□ Remove
			□ Change
			Add
			☐ Remove
			Add
			☐ Remove
			Change
			TALLAR AND F
			ASSEE OF A
			FF Charge
			Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change

	<u>_</u>
	
	<u></u>
	
fective date, if other than the date of filing: (option of filing or more than 90 days after an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	ional)
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, thi	is date will not be listed as
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01	a muon the earlier o
The 90th day after the record is filed.	a.iii. oii the earner o
WINTERS CONT.	:ae-
ated JUNE 23	
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	T 24 M
Signature of a pember or authorized representative of a member	

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Filing Fee: \$25.00