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4)	Address)	
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	Business Entity Name)	
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	RAD GYMN	NASTICS LLC		
SCENECT.		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Anays Dimmick		
			Name of Person	
		RAD Gymnastics		
			Firm/Company	
		789 Creekwater Ter Apt 20	99	
			Address	
		Lake Mary, Florida 32746		
			City/State and Zip Code	
		anaysd@comcast.net		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Anays Dimr	nick		407 965-6777 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
\$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

RAD Gymnastics LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	-
The Articles of Organization for this Limited Liab	bility Company were filed on 5/3/2016	and assigned
Florida document number L16000086623		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
inaming with ess harri BD hir OD1 O1 1102 B		
		20.
	r registered office address on our records, ente	r the name of the new
registered agent and/or the new registered office	<u>ce address here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		5
	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
DIR	Rad, Ionel S	789 Creekwater Ter Apt 209	Add
		Lake Mary, Florida 32746	■ Remove
			☐ Change
			D Add
			☐ Remove
			Change
			□ Add
			Remove
			SSE And TO Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach addition	, 9, 9	
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July 28, 2016	(optional)	E. S.
Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or must be specific and cannot be prior to date of filing or must be specific.	ore than 90 days after filing.) Pursuant to 60	5.020
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this date will not be lis	ted a
•		
e record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	ime, at 12:01 a.m. on the earl	ier d
Dated July 28		
1 often		
Signature of a morniter of authorized representative	of a member	
* II I		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00