

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383	MIL	7010
From: Account Name: REGISTERED AGENTS INC.	MASSE HASSE	11 1200
Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010		- -
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DESIGNED FOR FITNESS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESIGNED FOR FITNESS LLC		
(Name of the Limited L. (A F	iability Company as it now appears ( lorida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil Florida document number L16000090912	lity Company were filed on 05/16	0/2016 and assigned
This amendment is submitted to amend the following	ng;	
A. If amending name, enter the new name of the	e limited liability company here	<u>e</u> :
The new name must be distinguishable and contain the words	"Limited Liability Company," the desi	ignation "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	la street address
New Registered Office Address:	Enter Florida	la street address . Florida

## 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 heen notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	PETRO BRONINOV	3030 N. ROCKY POINT DR	
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		TAMPA, FL 33607	☐ Change
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un effective date is liste	ed, the date must be specific	iling: c and cannot be prior to date of filing or more the ot meet the applicable statutory filing req of State's records.	(optional) an 90 days after filing.) Pursuant to 605.020 uirements, this date will not be listed a
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