L16000104028

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SECRETARY OF STATE

K. SALY JAN 23 2017

COVER LETTER

	Registration Se Division of Cor		v	
SUD IE	Texas Fitne	ss 1, LLC		
SUBJEC	.1:		ited Liability Company	
The encl	osed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Gary S. Phillips		
			Name of Person	
		Phillips, Cantor, Shalek &	Pfister, P.A.	
			Firm/Company	
		4000 Hollywood Blvd., Su	ite 500 North	
			Address	
		Hollywood, FL 33021		
			City/State and Zip Code	
		gphillips@phillipslawyers.c		
		E-mail address: (i	to be used for future annual report notific	eation)
For furth	er information co	oncerning this matter, please ca	nll:	
Gary S.	Phillips		954 966-1820 at ()	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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

2017 JAN 19 PM 1:04

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Taxes Fitness 1, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	ny were filed on May 27, 20	6 and assigned
Florida document number L16000104028		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
California Fitness 4, LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		<u> </u>
Enter new mailing address, if applicable:	Manager of the same of the sam	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:	Enter Florida street	address
		Florido
	City	_, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of my duti as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

	from our records:	Address Address Address Address Address Address Address			
	Authorized Member	2017 1841	~		
<u>Title</u>	<u>Name</u>	Address SECRETARY OF S	1: 04 Type of Action		
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fective date, if o	ther than the o	late of filing	r :			(optional)	
n effective date is lis	sted, the date must serted in this blo	be specific and ck does not m	cannot be prior leet the applic	to date of filing or able statutory fil	more than 90 da	ys after filing.) P	ursuant to 605.0207 (Il not be listed as t
record specifi The 90th day a			ate, but no	t an effective	e time, at 12	2:01 a.m. or	the earlier of:
ted	resury	16.	2017	·			
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Filing Fee: \$25.00