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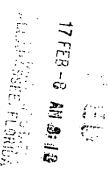
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COVER LETTER

то:	Registration Sec Division of Corp			
SUBJE	CT:	Just Imagin Name of Limi	le Pilates, LLC ited Liability Company	
The encl	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		_ Heath	Name of Person	
			sine Pilates, uc	
		985 G	yerly Street	
		<u> </u>	City/State and Zip Code	
		E-mail address: (t	Mamural @ Mc . CC) M cation)
For furth	ner information co	ncerning this matter, please ca	all:	
<u></u>	Heather Name of	Person	at (32) 474- Area Code Daytime	1959 Telephone Number
Enclose	d is a check for the	e following amount:		
\$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$66,00 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

(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 Company were filed on <u>whe</u> 8, 20 Florida document number <u>L1600111618</u> .	16 and	l assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation	n "Ł.L.C	. 35
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u>77</u>		
Enter new mailing address, if applicable:		7 FEB -8	· 4
(Mailing address MAY BE A POST OFFICE BOX)	ات. ت	200	,
B. If amending the registered agent and/or registered office address on our records, enceintered agent and/or the new registered office address here:	enter the na	iro me of	the nev
Name of New Registered Agent:			
New Registered Office Address: Enter Florida street address		<u>.</u>	
City Florid	laZip C	ode	

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> □ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Change _□ Remove _□ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00