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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

TO:	Registration Division of (n Section Corporations			
SUBJEC		FITNESS, LLC			
SOBOLO	···	Name of Lin	nited Liability Company		
		s of Amendment and fee(s) are subsepondence concerning this matter	-		
		Seth Huberman			
			Name of Person		-
		Huberman & Associates			
		Firm/Company	, ∌%.		
5439 NW 42r		5439 NW 42nd Avenue, S	renue, Suite 100		16 06 ECRE
		Address		1 2 SSR	
		Boca Raton, FL 33496			P. Man
		seth@Hubermaninc.com	City/State and Zip Code		ECRETARY OF STATES
		E-mail address:	(to be used for future annual rep	port notification)	0
For furth	er informatio	on concerning this matter, please c	all:		
Seth Hul	oerman		561 995-7	7575	
	Nan	ne of Person		Daytime Telephone Number	
Enclosed	l is a check fo	or the following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	te of Status &
	MA	ILING ADDRESS:	STREET/O	COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUTY FITNESS, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability (Company were filed on 7/28/2016	and assigned
Florida document number L16000142158	··	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
TLC FITNESS, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		16 0
(Principal office address MUST BE A STREET ADD	RESS)	27
		24 SS
		교 기가
Enter new mailing address, if applicable:		# [S.3]
(Mailing address MAY BE A POST OFFICE BOX)		8 67
Training was ess mill bent our of the boxy		<u> </u>
B. If amending the registered agent and/or regis	stared office address on our records ent	er the name of the new
registered agent and/or the new registered office add		er the name or the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Since 2 for the bir co. testes ess	
	, 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
MGR	RUBEN KIRNOS	1200 CLINT MOORE ROAD	
			Remove
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			Add
			SECRETARY.
			P STEE
			□ Change
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-		NP-7-3-20/NP-19-19-19-19-19-19-19-19-19-19-19-19-19-
Effect	e date, if other than the date of filing: (optional)	
lf an eil <u>Note:</u>	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date will t's effective date on the Department of State's records.	rsuant to 605.020° I not be listed as
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 0th day after the record is filed.	the earlier o
Dated	2016	
Jaiou		
	+ A P1	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00