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| (Requestor's Name) | |
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| (Address) | |
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| PICK-UP WAIT M | AIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status _ | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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R. WHITE NOV (92018 SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Coach D Health and fitness |
| Name of Limited Liability Company |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| |
| David Gomez |
| Name of Person |
| |
| Firm/Company |
| 2011 6 |
| 304 Summer Sails Dr Address |
| |
| Value Tlouda 33594 City/State and Zip Code David G. PFT83 @ amail. Com E-mail address: (to be used for future annual report notification) |
| City/State and Zip Code |
| E-mail address (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| To think thornation concerning this matter, please can. |
| David Gome? at (§13) 965-5870 Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| □ \$25,00 Filing Fee \$\frac{1}{2}\$\$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED

| Coach D Health and F | tness Ll | C 2018 NOV -5 PM 2: 45 |
|--|---|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | <u>v as it now appears or</u> ability Company) | nour records) |
| | CL.1 AS | IALVAHASSEE, FL |
| The Articles of Organization for this Limited Liability Company v | tere filed on | 3/22/2010 and assigned |
| Florida document number <u>L16000156614</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | : |
| 1 Action Health & Fitness | LLC. | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the desig | gnation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| • | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered off | | ur records, enter the name of the new |
| registered agent and/or the new registered office address here | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | 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 = M $AMBR = A$ | uthorized Member | | |
|--------------------|------------------|----------------|----------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| | ve date, if other than the date of filing: November 1, 2018 (optional) |
| 'an effe <u>(ote:</u> | setive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| ian effic <u>Vote:</u> locumo e rec | ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| an effo Note: locumo e rec The | ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of |
| fan effe <u>Note:</u> Jocums Je rec The | service date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |

Page 3 of 3

Filing Fee: \$25.00