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## Florida Department of State

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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FLORIDA FITNESS WORKS 1, LLC

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SECRETARY OF STATE

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# FLORIDA FITNESS WORKS 1, LLC (Name of the Limited Liability Company as it now annears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/10/2016 and assigned Florida document number L16000186918 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." 19145 S. O'Brien Rd., Groveland, FL 34736 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 19145 S. O'Brien Rd., Groveland, FL 34736 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our 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

#### 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 Now Registered Agent
Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action William Smith **AMBR** 2740 Monticello Way, Kissimmee, FL 34741 🛢 Add ☐ Remove AMBR James Robert Motes 19145 S. O'Brien Rd., Groveland, FL 34736 \_🗅 Removo Marc Elkman AMBR 8081 Congress Ave, Boca Raton, FL 33487 Remove AMBR CHRISTOPHER RODGERS 7662 COURTYARD RUN WEST, BOCA RATON, FL 39493 Remove AMBR JAMES ROBERT MOTES 19145 S. O'BRIEN RD, GROVELAND, FL 34736 Remove 2818

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D. If amending any other information, outer change(s) here: (Attach additional	l sheets, if necessary.)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be me the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
Dated October 20 2016	
Sto Alexano	
Steven Welss	member
Typod or printed name of signee	<del></del> _

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