# 116000199365

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## **COVER LETTER**

| TO:          | Registration Se<br>Division of Cor |  |   |  |
|--------------|------------------------------------|--|---|--|
|              | Maximum                            | Effort Strength & Conditionin                | g, LLC  |  |
| SUBJ         | ECT:                               |  |   | ······································   |
|              |                                    | Name of Lim                                  | ited Liability Company  |  |
|              |                                    |  |   |  |
| The er       | nclosed Articles of                | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please       | return all correspo                | ondence concerning this matter               | to the following:   |  |
|              |                                    | Joel Donahue                                 |   |  |
|              |                                    |  | Name of Person  | <del></del>  |
|              |                                    | Maximum Effort Strength                      | & Conditioning, LLC   |  |
|              |                                    |  | Firm/Company  | <del></del>  |
|              |                                    | 246 Tresana Blvd Unit 80                     | • •   |  |
|              |                                    |  | Address   |  |
|              |                                    | Jupiter, Florida 33478                       |   |  |
|              |                                    |  | City/State and Zip Code   |  |
|              |                                    | jt@maxeffortsc.com                           |   |  |
|              |                                    | E-mail address: (                            | to be used for future annual report notif                           | ication)   |
| For fu       | rther information c                | oncerning this matter, please co             | all:  |  |
| Joel i       | Donahue                            |  | 954 547-0402  |  |
|              | Name o                             | f Person                                     | at ()<br>Area Code Daytime  | Telephone Number   |
|              |                                    | .,,  | TA, NINC  | · Cepinine Calline   |
| Enclos       | sed is a check for th              | ne following amount:                         |   |  |
| <b>■</b> \$2 | 25.00 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

Maximum Effort Strength & Conditioning, 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 Company were filed on \_\_ and assigned Florida document number \_\_\_\_\_ 1.16000199365 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Viking Power Gym, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 246 Tresana Blvd Unit 80 Enter new principal offices address, if applicable: Jupiter, Florida 33478 (Principal office address MUST BE A STREET ADDRESS) 246 Tresana Blvd Unit 80 Enter new mailing address, if applicable: Jupiter, Florida 33478 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enterzine name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 246 Tresana Blvd Unit 80 New Registered Office Address: Enter Florida street address Jupiter

#### 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

| rine                                    | <u>Name</u> | Augress      | 1 vpe of Action |
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| E. Effective date, if other than the date of filing:  | 3)(b)<br>ie | (If an effective 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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
|---|-------------|--|
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |             |  |
| December 12 - 27 2019   |             | December 12 - 27 2019  |
| Dated 12-27 2019.  White Signature of a member or authorized representative of a member.  |             | Dated 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| M XII   |             | M XIII   |
| Signature of a member or authorized representative of a member  |             |  |
| Joel Donahue  |             | Signature of a member or authorized representative of a member   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00