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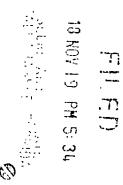
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE					
SUDJE	CI	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		CAROLINA GARCIA			
		Name of Limited Liability Company Sof Amendment and fee(s) are submitted for filing. Espondence concerning this matter to the following: CAROLINA GARCIA Name of Person			
		CG PRO BUSINESS CON	Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: DLINA GARCIA Name of Person RO BUSINESS CONSULTING LLC Firm/Company CONROY WINDERMERE RD SUITE 200 Address DERMERE, FLORIDA 34786 City/State and Zip Code DECOPROBUSINESS COM E-mail address: (to be used for future annual report notification) this matter, please call: 1786 594-1269 at (
			Firm/Company		
		9100 CONROY WINDERMERE RD SUITE 200			
			Address		
		WINDERMERE, FLORIE	DA 34786		
		INFO@CGPROBUSINESS	· ,		
		E-mail address: (to be used for future annual report notific	eation)	
For furt	her information c	oncerning this matter, please ca	all:		
CARO	JNA GARCIA				
	Name o	l Person		Telephone Number	
Enclose	d is a check for th	ne following amount:			
⋒ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
		ING ADDRESS: ation Section	STREET/COURIE Registration Section	R ADDRESS:	

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

VIDA FIT USA, LLC (Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited	Liability Company	were filed on 11/04/2	2016	_ and ass	signed
Florida document number 1.16000203230	·				
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liabi	lity company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the design	ation "LLC" or the abbre	viation "L	I.C."
Enter new principal offices address, if appli	icable:	N/A			
Principal office address MUST BE A STRE			= ;	1	
	· · · <u>- · · - · · - · · - · · · · · · ·</u>		<u> </u>	K :0	
			· . :	61./	
Inter new mailing address, if applicable:		N/A		·	
Mailing address MAY BE A POST OFFICE	E BOX)		• · · · · · · · · · · · · · · · · · · ·	- TE	0
				. ယ	
			69		
If amending the registered agent and registered agent and/or the new registered.				name	of the
Name of New Registered Agent:	ROBERTA PL	JI RASCHKOVSKY			
New Registered Office Address:	635 PALERMO	AVENUE			
		Enter Florida s	treet address		
	CORAL GABL	ES,	, Florida 33134	ļ	
		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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A	
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			☐ Change

N/A		
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of fi	ling or more than 90 days after filing.) Pursuant	
	ory filing requirements, this date will not b	: liste
aniem sometive take on the repartment of thate s records.		
record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the ϵ	arlie
The 90th day after the record is filed.		
, 11/14/2018		
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(Moh. A Partit	1/4 //-	
	11/11/1/	
Signature of a member or authorized repre-	V) W	_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00