## LIVED SOM

(Req	uestors Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





900292136199

12/05/16--01020--026 \*\*25,00

DEC 0 6 2016 S. YOUNG TALLAHASEES: FLORIUM

## COVER LETTER

	egistration Se ivision of Cor			
eun ie <i>e</i> t		TNESS LLC		
SUBJECT	•	Name of Lim	ited Liability Company	<del></del>
~~1				
		Amendment and fee(s) are sub	•	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		WILLIAM M. HURTER,	ESQ.	
			Name of Person	· ·
		HURTER & WILSON, P.	Α.	
			Firm/Company	
	2727 ULMERTON RD, SUITE 220			3 E
			Address	
		CLEARWATER, FL 3376	2	y (2)
		DU L QUUDTEDUUL COM	City/State and Zip Code	16 DEC -5 PH 4: 43
		BILL@HURTERWILSON  E-mail address: (	to be used for future annual report notifi	ication) F
For further	information co	oncerning this matter, please ca		ω
WILLIAM	I M. HURTER	, ESQ.	727 317-0038	
-	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabil</u> (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for the Liability Organization for this Liability Organization for this Liability Organization for the Liability Organization for this Liability Organization for the Liability Organization f	Company were filed on NOVEMBER 8, 2016 and assigned and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	TO DEC
(Mailing address MAY BE A POST OFFICE BOX)	ري ري المري الم
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new ress 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	BUSTER M NEWTON	2971 ESTANCIA BLVD	
		CLEARWATER, FL 33761	■ Remove
			☐ Change
MGRM	BUSTER M NEWTON	2971 ESTANCIA BLVD	■ Add
		CLEARWATER, FL 33761	☐ Remove
			☐ Change
			Add
			16 Remove AHAS
			Change SST
			☐ Add
			Add
			□ Remove
		<del></del>	□ Change
<del></del>			
			Remove
			☐ Change

C.A.S.E. Fitness, LLC.				
		<del>_</del>		
				<del></del>
		<u> </u>		
	<del> </del>			
			· .	
***				
				030
			· · · · · · · · · · · · · · · · · · ·	'n
				2
			<del></del>	<u>.</u>
				Ę.
fective date, if other than the dat n effective date is listed, the date must be s	e of filing:	u to doto of Clium ou m	(optional)	avant to 605 076
ote: If the date inserted in this block	does not meet the appli	cable statutory filing		
cument's effective date on the Depart	iment of State's records	S.		
record specifies a delayed eff	fective date but n	ot an effective t	ime at 12:01 a.m. on t	he earlier (
The 90th day after the record		or arrefreedive t		ine carner c
DECEMBED 1	2016			
DECEMBER 1	, 2016	·		
1	1 11	2-6		
7.				

Page 3 of 3

Filing Fee: \$25.00