

8/22/2017

Division of Corporations

**L1600014809**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
2017 AUG 23 AM 9:49  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GRUPO FITNESS LLC**

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATIONS

17 AUG 23 AM 10:08

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AUG 24 2017

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
GRUPO FITNESS LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 11/28/2016 and assigned Florida document number .

Florida document number: L16000214899.  
EIN Number: 30-0960530

**Article I**

**A. If amending name, enter the new name of the limited liability company here:**

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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Article II**

**Enter new principal offices address, if applicable:**  
*(Principal office address MUST BE A STREET ADDRESS)*

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**Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

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**Article IV**

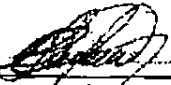
**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: US TAX CONSULTING INC

New Registered Office Address: 5401 S KIRKMAN RD STE 135, ORLANDO, FL 32819

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

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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

Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

We kindly ask you to change the titles of Authorized Members (Article V), today classified as MGR for AMBR

E. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: August 22, 2017

  
Signature of a member or authorized representative of a member

DANILO SANTANA  
Typed or printed name of signee

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