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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
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## **COVER LETTER**

	ision of Corp			
CUBIECT.				
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	PENSACOLA FITNESS, LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  KERRY ANNE SCHULTZ, ESQUIRE  Name of Person  FOUNTAIN, SCHULTZ & ASSOCIATES, PL  Firm/Company  2045 FOUNTAIN PROFESSIONAL CT., SUITE A  Address  NAVARRE, FL 32566  City/State and Zip Code  KASCHULTZ@FOUNTAINLAW.COM  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  INE SCHULTZ  Name of Person  Area Code  Daytime Telephone Number  It check for the following amount:  It in Fee			
Please return	all correspon	dence concerning this matter	to the following:	
		KERRY ANNE SCHULT	Z, ESQUIRE	
			Name of Person	
		FOUNTAIN, SCHULTZ	& ASSOCIATES, PL	
			Firm/Company	
		2045 FOUNTAIN PROFE	SSIONAL CT., SUITE A	
		<del></del>	Address	
		NAVARRE, FL 32566		
			•	
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
KERRY ANNE SCHULTZ				
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
₩ \$25.00 F	iling 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

PENSACOLA FITNESS, LLC	•			
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)		_	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/5/2016	and	assigned	
This amendment is submitted to amend the following:	_			
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" of	r the abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>	ritina F. e	П
		ASSE SERVE	<u> </u>	<del></del>
Enter new mailing address, if applicable:		." <b>ຕ</b> " ເວ	U _	ロフ
(Mailing address MAY BE A POST OFFICE BOX)		ORIDA	77: O9	-
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the nan	ne of the	nev
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida street address			_
	, Floric	IaZip Co	de	-

## 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
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		PENSACOLA, FL 32506	Remove
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ocumer	nt's effective da	ite on the I	Department o	of State's re	cords.	······ , ······ <sub>B</sub> ·			.0. 00 11	
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	Dece		Signature of	f a member o	—- or authorized re	presentative of	a member	CRETARY	<u> </u>	-
	Deca		_			presentative of		CRETARY OF STATE	1 d b b:	

Page 3 of 3

Filing Fee: \$25.00