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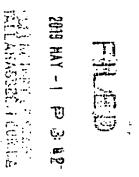
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COVER LETTER

FITNESS I	LOVERS 305 LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	YASMANY A RODRIGU	EZ	
	FITNESS LOVERS 305 LI	Name of Person	
	2206 SW 8TH STREET	Firm/Company	
	MIAMI, FLORIDA 33135	Address	
	fitavenue305@gmail.com	City/State and Zip Code	
For further information c	E-mail address: (t concerning this matter, please ca	o be used for future annual report notifi dl:	cation)
Yasmany a Rodrig	JUEZ	305 3546115	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

FITNESS LOVERS 305 LLC

FILED

(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	Cability Comm	12/14	2619 HAY - 1 戸ませる 4/2016 and assigned
Florida document number L16000226134	стаониу Сотра	ny were med on	4/2016 and assigned VALUAHABSEE FUNITA
Horida document number	·		WEENHOSEE'L COMME
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited li	ability company her	<u>e</u> :
N/A			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICI	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered	•		our records, enter the name of the nev
			
Name of New Registered Agent:	FIT AVENU	JE 305 LLC	
New Registered Office Address:	2206 SW ST	TH STREET	
New Registered Office Address.		Enter Floria	la street address
	MIAMI		, Florida 33135
		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
AMBR	NATACHA E MATOS	6301 COLLINS AVE # 1607	
		MIAMI BEACH, FL 33141	
			■ Remove
			Change
AMBR	FIT AVENUE 305 LLC	2206 SW 8TH STREET	 B Add
		MIAMI, FL 33135	B Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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			☐ Remove
			Change
		·	Add
			· Remove
			Change

			
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Effective date, if other than the affective date is listed, the date range of the date inserted in this document's effective date on the	block does not meet the applicable	(optional) te of filing or more than 90 days after filing statutory filing requirements, this date	.) Pursuant to 605.0207
ne record specifies a delay The 90th day after the r	ed effective date, but not ar ecord is filed.	effective time, at 12:01 a.m.	on the earlier o
Dated	2019		
	1/2-		
	Signature of a member or authorized		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00