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COVER LETTER

10:	Division of Cor						
CIID II		ss Enterprises, LLC					
Name of Limited Liability Company							
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please r	return all correspo	endence concerning this matter	to the following:				
		Nandor Veres Jr.					
	Name of Person						
	c/o Quantum Financial Advisors, P.A.						
Firm/Company							
	639 E. Ocean Avenue, Suite 309						
	Address Boynton Beach, FL 33435						
		City/State and Zip Code mike@mjpcpa.biz					
		E-mail address: (to be used for future annual report notifi	cation)			
For furt	ther information c	oncerning this matter, please c	all:				
Michae	el Pilato	·	561 350-1632				
	Name o	f Person		Telephone Number			
Enclose	ed is a check for th	ne following amount:					
\$25	5.00 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 P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Hotamabo, LLC		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
B&N Fitness Enterprises, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	<u>, , , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, if applicable:		17 AP
Mailing address MAY BE A POST OFFICE BOX)		io N
Manning address may be a 1 051 OFFICE BOX)		A Carrier
B. If amending the registered agent and/or registered	l office address on our records, en	ter the name of the
registered agent and/or the new registered office address I		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Етег F wi ша мгеег ааагем	
	, Florida	
	Citv	Zin 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

<u>or removed from our records.</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Veres, Nandor		□ Add
			■ Remove
			Change
MGR	Veres. Jr., Nandor	639 E. Ocean Ave. Ste. 309	Add
		Boynton Beach, FL 33435	_□ Remove
			□ Change
MGR	Nozzolillo, Robert B	5079 Cameron Lane	Add
		Boynton Beach, FL 33472	□ Remove
			☐ Change
			Add
			Remove Change Add
		A	□ Remove □ Change
			Add
			Remove
			☐ Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or mo Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuan	t 10 605.0207
the record specifies a delayed effective date, but not an effective tin) The 90th day after the record is filed.	me, at 12:01 a.m. on the	earlier of:
Dated 4/14		
Signature of a member or authorized representative of	of a member	
Nandor Veres, Jr.		
Typed or printed name of signee	, , , , , , , , , , , , , , , , , , ,	

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Filing Fee: \$25.00