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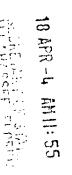
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J. LEGGETT APR 05 2016

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		E FITNESS MIAMI, LLC		
		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ondence concerning this matter	to the following:	
		ROLANDO VAZQUEZ		
			Name of Person	
		ROLANDO VAZQUEZ, P	2.A.	
			Firm/Company	
		1395 BRICKELL AVENU	E SUITE 800	
			Address	·
		MIAMI, FL33131		
		RV@ROLANDOVAZQUE	City/State and Zip Code ZLAW.COM	
		E-mail address: (to be used for future annual report noti	fication)
For furt	ther information c	oncerning this matter, please ca	all:	
ROLA	NDO VAZQUEZ		305 4230404	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTIMATE FITNESS MIAMI LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		V
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		36.35
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent:		r records, enter the name of the nev
	·	
New Registered Office Address:	Enter Florida s	reet 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> <u>Address</u> **Type of Action** CARNEIRO, AMBR MGR 7245 NW 25TH STREET □ Add MIAMI, FL 33122 ■ Remove _□ Change MGR CARNEIRO, CESAR 7245 NW 25TH STREET _■ Add MIAMI, FL33122 _□ Remove ☐ Change _□ Add □ Remove □ Change _ Add □ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add □ Remove

□ Change

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(If an el	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	MARCH 27th 2018 Signature of a member or authorized representative of a member
	Daniel Value of Signee

Page 3 of 3

Filing Fee: \$25.00