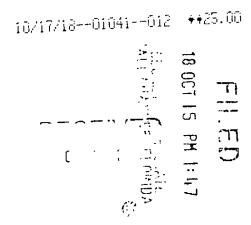
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COVER LETTER

Division of Cor	porations		
	ULTIMAT	TE FIT CENTER LLC	
SUBJECT:			
<u> </u>		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		DIECSON J VILARINO	
		Name of Person	
	DOMINIU	JM CONSULTING SERVICES ELIT LL	c
		Firm/Company	
	;	28 W FLAGLER ST SUITE 300B	
		Address	
		MIAMI, FL 33130	
	·	City/State and Zip Code	
	DIE	CSON@DOMINUM.CONSULTING	
	E-mail address: (to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
DIECSON J VILARINO		305 521 - 8901 at ()	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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:

TO:

Registration Section

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 FIT CENTER LLC

	s on our records.)			
The Articles of Organization for this Limited Liability Company were filed on Florida document number	02/09/2017			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liability Company." the de-	esignation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	00			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
maning dual ess mai DE ATOST OFFICE BOA)				
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: Name of New Registered Agent:	our records, enter the name of the			
New Registered Office Address:				
Enter Florid	Enter Florida street address			
	, Florida			
City	, Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				

Thereby 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>Name</u>	Address	Type of Action
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		PINHEIRO DA SILVA, FABIANO 7935 W. MCNAB RD TAMARAC, FL 33321

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(If an effective of Note: If the	date is listed, the date must be specificate inserted in this block does	ic and cannot be pr not meet the app	ior to date of filing licable statutory	gor more than 90 da - filing requiremer	ys after filing.) Purs its, this date will i	uant to 60 not be lis)5.0207 (sted as t
document's	effective date on the Departmen	t of State's recor	ds.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
he record s The 90th	specifies a delayed effection and adder the record is fi	ve date, but i led.	not an effecti	ve time, at 12	::01 a.m. on t	he earl	lier of:
n	OCTOBER 4TH	2018					
Dated			·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00