

Division of Corporations

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L1700010746834

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TORRES & VADILLO, LLP
Account Number : 120150000038
Phone : (305) 485-9700
Fax Number : (305) 436-0191

Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.

Email Address: corporations@sunbiz.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELEVATION FITNESS LLC**

Certificate of Status	0
Certified Copy	0
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17 APR 19 AM 6:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 APR 19 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
APR 20 2017

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELEVATION FITNESS LLC

(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 Liability Company were filed on 02/22/2017 and assigned Florida document number L17000042434

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1625 N MIAMI AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33136

Enter new mailing address, if applicable:

1625 N MIAMI AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33136

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street 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

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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>	<u>Type of Action</u>
MGR	INTERFIT 2017, LLC	1657 NORTH MIAMI AVE	<input checked="" type="checkbox"/> Add
		502	<input type="checkbox"/> Remove
		MIAMI, FL 33136	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 205.1207(3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be treated as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 10, 2017


Signature of a member or authorized representative of a member

ANGEL L. BAZANA

Typed or printed name of signer

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Filing Fee: \$25.00