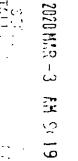
17000068607

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 3/3/2020	##15/A F &/ FN/-
FITNESS	**WALK IN
ENTITY NAME FITNESS	S VENTURES 2, LLC
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
xxxx	Plain Copy
	Certified Copy
	Certificate of Status
	Certified Copy of Arts & Amendments Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINATION	DN
NUMBER OF CERTIFICAT	ES REQUESTED
TOTAL OWED \$25.00	ACCOUNT #: I20160000072
	S R FM
Please call Tina at the	c above number for any issues or concerns. Thank you so much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		TURES 2, LLC				
Name of the Lin	ited Liability Comps (A Florida Limited	any ny it now ametara on our r Liability Company)	tcords.)		•	
The Articles of Organization for this Limited	Liability Company	were filed on 3/27/2019		and a	ssigned	
Florida document number L17000068607	 -				J	
This amendment is submitted to amend the fo	llowing:					
A. If smending name, enter the new name	of the limited Jiab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbra	eviation "	L.L.C."	_
Enter new principal offices address, if appli	icable:	999 DOUGLAS AVENU	E, SUITE 3328			
(Principal office address MUST BE A STRE	ET ADDRESS)	ALTAMONTE SPRINGS	S, FLORIDA 327	14		
						
Enter new mailing address, if applicable:		999 DOUGLAS AVENU	E, SUITE 3328			
Mailing address MAY BE A POST OFFICE	(BON)	ALTAMONTE SPRINGS	, FLORIDA 327	144	20	
				三岛	70	
B. If amending the registered agent and/or	registered office a	iddress on our records, <u>e</u> i	nter the name o	of the ne	w regis	tered:
agent and/or the new registered office addre	ss here:				w	1
Name of New Registered Agent:	BRIAN J. HIBE	3ARD				
New Registered Office Address:	999 DOUGLAS	AVENUE, SUITE 3328		• .	9	-
		Enter Florida str c et oc	ldress	 -	 .	
	ALTAMONTE	SPRINGS	. Florida <u>32714</u>			
		Clty		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
			□Remove
			□Add
			□Remove
		 	Change
			□Add
			🗖 Remove
			□Add
			Remove
		 	
		-	□Add
			□Remove
			□Change
			□Remove
			□Change

•	nation, enter change(s) here: (Attach additional sheets, if necessary.)
,	

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Effective date, if other than the if an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	e date of filing:
record specifies a delayed effective d is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MARCH 2	2020
	Signature of a member or authorized representative of a member
	,
BRIAN J. HIBBARD	

Filing Fee: \$25.00