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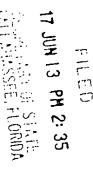
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Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer	
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S. WARREN
JUN 1 5 2017

COVER LETTER

TO: Registration Se Division of Cor		. •	
R	B K FITNESS Name of Lim	L LC	
SUBJECT:	Name of Lim	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:	
	KYLE F	Name of Person	<u></u>
		Name of Person	
	RIKFI	TNUSS CCC	
		Firm/Company	
	5933 PALERY	Address	
		Address	
	PACE FL :	3257/ City/State and Zip Code	
	ν. O	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	·	
KYLE PICK	121	at (<u>BSC</u>) <u>SCI - E</u> Area Code Daytime	4 8.64
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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:

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

P & V EITHER

N 1 / 1 / 1/2023.		
(Name of the Limited List (A Flor	illity Company as it now appears on our ida Limited Liability Company)	<u>recorus.</u> }
The Articles of Organization for this Limited Liability	Company were filed on MARCH	30, 201) and assigned
Florida document number <u>L170000</u> 72398	 ·	
This amendment is submitted to amend the following.		
A. If amending name, <u>enter the new name of the l</u>	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation	1"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ecords, enter the name of the n
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street	address
		Florida
		. a 17/6 13/60

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 Hability 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member	•	
<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>AMB</u> R	KYLE W PICKARD	5933 FALERMO ISR	
		PALE FL 32571	Remove
			Change
AMBR	REBECCA E PICKARD	5933 PALERMO DR	
		PACE FL 32571	☐ Remove
			Change
			Add
			Remove
		N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Change
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: If ment ecor e 90	's effective date d specifies a (the record is			ot an effec	tive time,	at 12:0:	1 a.m. or	the e	earlie
: If ment ecor e 90	's effective date d specifies a o Oth day after	the record is	s filed.	<u> 7017</u> >	ot an effec	<u> </u>		1 a.m. or	17 Jul	
: If ment ecor e 90	's effective date d specifies a o Oth day after	the record is	s filed.	7617		entative of a n		l a.m. or	17 JUN 13	earlie

Filing Fee: \$25.00