1170000 73372

(Requestor's Name)	
(Address)	
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SCHOOL TALLAHASSEE, FLORIDA

MAR 1 8 2019 S. YOUNG

COVER LETTER

	Registration Se Division of Cor						
•		FITNESS MO, LLC					
SUBJEC	T:						
		Amendment and fee(s) are sub- indence concerning this matter					
		DATAN DOROT					
		DOROT & BENSIMON P	Name of Person				
		20295 NE 29TH PL STE 2	Firm/Company				
		AVENTURA, FL 33180	Address				
		DDOROT@DOROTBENS	City/State and Zip Code				
		•	to be used for future annual report notif	ication)			
For furthe	er information o	oncerning this matter, please ca	all:				
JERRY S	SARESKY		305 921-9421				
•	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	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

ARNOLD FITNESS MO, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	ompany as it now appears on our records.) mited Liability Company)	1
The Articles of Organization for this Limited Liability Com	pany were filed on 03/31/2017	and assigned
lorida document number L17000073372		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
DAKVILLE FITNESS MO. LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	11 10 1 T
		2 2 0
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		09
3. If amending the registered agent and/or register egistered agent and/or the new registered office addres		enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	-,
	, Flor	rida Zip Code
	City	лул Сош

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 Type of Action <u>Address</u> Title Name ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove _□ Change

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(If an effi <u>Note:</u>	ve date, if other than the date of filing:
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	MARCH 4 2019
Dated ₋	1/a //

Page 3 of 3

Filing Fee: \$25.00