L17000114524

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEE FI DRIIDA

J. HARRIS

COVER LETTER

	sion of Corpo		•	
SUBJECT:	Florida Fitne:	ss Imaging LLC		
SUBJECT		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	all correspond	lence concerning this matter	to the following:	
		Thomas A. Schultz		
			Name of Person	
		Florida Fitness Imaging		
			Firm/Company	
		2817 Trenton Lane		
			Address	
		Oviedo, FL 32765		
			City/State and Zip Code	
		tas4706@gmail.com		
		E-mail address: (1	to be used for future annual report	notification)
For further in	formation con	cerning this matter, please ca	all:	
Tom Schultz`			408 231-7833	
	Name of F	erson	Area Code Day	time Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling 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

Florida Fitness Imaging LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000114524</u> .	were filed on May 24, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Fitness Imaging LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		201 SE TAL
		CRETAR CAHASS
Enter new mailing address, if applicable:		SEE N
(Mailing address MAY BE A POST OFFICE BOX)		F STA
•		ATE A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ls, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	, Fl	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
			□ Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
		 	A P Ad S
			HASSE REMOVE
			AHASSEE FLORID
			□ Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if nec	- '
		
		
lote: If t ocument	date, if other than the date of filing:	s date will not be listed a
	Oth day after the record is filed.	
ated	6/8/7017	
	Sulphe	20 TAL
	Signature of a member or authorized representative of a member	
	The diag A Calling To	TAS:
	THOWAS A SCHULTZ Typed or printed name of signee	SS D
		· Pro
		SS 49 17

Filing Fee: \$25.00