## 117000133488

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## **COVER LETTER**

, TO:

Registration Section

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Division	of Corpo	rations					
PIRS	SQUARE	D FITNESS, LLC					
SUBJECT:		Name of Limi	ted Liability Cor	mpany			<del></del>
The enclosed Arti	cles of Ar	nendment and fee(s) are subr	nitted for filing	3.			
Please return all co	orrespond	ence concerning this matter t	to the following	<b>g</b> :			
		Carrie Pedri					
			Name of i	Person			<del></del> -
		PIRSQUARED FITNESS,	LLC				
			Firm/Con	npany			<del></del>
		1661 Arash Circle					
			Addre	S5			
		Port Orange, FL 32128					
			City/State and	Zip Code			
		forrealfitnessBB@gmail.com					_
		E-mail address: (t	o be used for fut	ure annual	report notif	ication)	<del></del>
For further inform	nation con	cerning this matter, please ca	n:				
Carrie Pedri			386		5-8432		
	Name of P	erson	Area	Code	Daytime	Telephone	Number
Enclosed is a chec	k for the	following amount:					
<b>S25.00</b> Filing		S30.00 Filing Fee & Certificate of Status	S55,00 F Certified (additions			C	60.00 Filing Fce, Certificate of Status & Certified Copy additional copy is enclosed)
			e L			<i>:</i>	, <del>11. 5</del> .
		G ADDRESS:			r/courii		ESS:
		on Section of Corporations			ion Section of Corpora		
	P.O. Box	6327		Clifton E		•	
	i aliahass	ee, FL 32314		ZODI EXC	contre Cel	mer Circle	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIRSQUARED FITNESS, LLC	<i>}+</i> }	with the second of the second	
(Name of the Lin	ited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Florida document number $\frac{117000133488}{117000133488}$	Liability Compar	ny were filed on June 19, 2017	and assigned
This amendment is submitted to amend the for	llowing:	en e	
A. If amending name, enter the new name	of the limited lia	bility company here:	
For Real Fitness BB, LLC	•		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	No change	
(Principal office address MUST BE A STRE	ET.ADDRESS)		
Enter new mailing address, if applicable:		No change	18
(Mailing address MAY BE A POST OFFICE	<u> ΒΟΧ)</u>		50
•			
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the new
Name of New Registered Agent:	No change		
New Registered Office Address:	No change		
		Emer Florida street address	
		, Flori	
		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

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
	No Changes	· · · · · · · · · · · · · · · · · · ·	Add
			Remove
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fective date, if other than the date our effective date is listed, the date must be spec	f filing:		(o			
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record specifies a delayed effec The 90th day after the record is		not an effecti	ve time, at 12:0	1 a.m. on the	еапіет	r
March 12	2018					
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Filing Fee: \$25.00