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| Dima | Health Jsiness Entity Nam | e) |
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| (Dx | xument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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N. CAUSSEAUX

APR 6 2018

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| ê | *.\$ | COVER LETTER | 217-178783 |
| TO: Registration Sect ² Division of Corp. | tion prations | | |
| SUBJECT: OIMP | A Health de Fit | ness, LLC Jimited Liability Company | |
| The enclosed Articles of Ar | mendment and fee(s) are s | submitted for filing. | |
| Please return all correspond | lence concerning this mat | ter to the following: | |
| | Kimber | UC SiKorski Name of Person | |
| | DIMA Heo | Hth & Fitness, LLC Firm Company | <u></u> |
| | 1615 S. Co | Address | |
| | Lakeland, | FL 33801 City/State and Zip Code | · |
| | DINA Healthf | itness@qmail.com | |

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (813) 763-5892 Area Code Daytime Telephone Number Kimberly Sikorski

Enclosed is a check for the following amount:

S25.00 Filing Fee

Solution Filing Fee & Certificate of Status Already Poid

□ \$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 Tallalassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Legend Health a | Fibress, LLC Idility Company as it now appears on our i rota Lumical Labelity Company) | records.) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Articles of Organization for this Limited Liabilit Florida document number <u>L1700017878</u> This amendment is submitted to amend the following A. If amending name, <u>enter the new name of the DINA Healthat Fitness</u> , LUC The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: | y Company were filed on <u>Ayqu</u> 2 3 ;: <u>limited liability company here</u> : | t 21, 2017 and assigned IN SECTION FILE APR - 5 SECTION FILE 15 SECTION |
| Enter new principal office address MUST BE A STREET AL | | |
| Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX</u> | | treet address |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | egistered office address on our r a <u>ddress here</u> : | ecords, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | <u></u> |
| New Registered Office Address: | Enter Florida stree | rt address |
| | | , Florida Zip Code |
| | Ciţy | ZipCode |

New Registered Agent's Signature, if changing Registered Agent:

۰.

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 |
|--------|------------|--------|
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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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D. Wamending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: <u>April 03, 2018</u> (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (37b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated April 03 | <u>a018</u> | |
|----------------|--------------------------------------------------------------|---|
| , V V | and use of a member of authorized representative of a member | _ |
| Ar luss | manife of a member or authorized representative of a member | |
| Kimb | ery G. Sikorski Typed or printed name of signce | |

Page 3 of 3

Filing Fee:, \$25.00