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COVER LETTER

		stration Sect sion of Corp			
SUD 157		America's Fi			
SUBJEC	LI: <u>-</u>			ted Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please re	eturn :	all correspon	dence concerning this matter t	to the following:	
			America Lenza		
				Name of Person	
			America's FitClub LLC		
				Name of Person Club LLC Firm/Company ST Address Florida 33144 City/State and Zip Code cas-fitclub.com mail address: (to be used for future annual report notification) Itter, please call: at (
			6466 SW 10 ST		
				Address	
			West Miami ,Florida 33144	1	
Name of Person America's FitClub LLC Firm/Company 6466 SW 10 ST Address West Miami ,Florida 33144 City/State and Zip Code alenza@americas-fitclub.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
			-		
			E-mail address: (t	to be used for future annual report notific	ation)
For furth	her in	formation co	ncerning this matter, please ca	dl:	
America	a Len:			305 965-6401	
-		Name of	Person	Area Code Daytime 1	Felephone Number
Enclosed	d is a	check for the	e following amount:		
\$25.	. 0 0 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

America's FitClub LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on Miami . Florida	and assigned
Florida document number L17000196470		_
This amendment is submitted to amend the following:		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Miami . Florida and assigned control document number L17000196470 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida Florida Florida Florida Florida Florida		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		. — ~
Enter new mailing address, if applicable:		. = (-)
(Mailing address MAY BE A POST OFFICE BOX)		2:
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter</u> ere:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida struet address	
	, Florida	Tip 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>	<u>Address</u>	Type of Action
AMBR	America Lenza	6466 SW 10 ST West Miami , Florida 33/44	🖩 Add
			Remove
			Change
AMBR	Rocio D Gonzalez	10270 E Cypress Ct Pembroke Pines Fheid A	33006 Add
			Remove
			□ Change
			Add S
			Add SEP Romove To Programme D
			Pp Cffinge
			D Add
			□ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change

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(If an ef Note:	tive date, if other than the date of filing: [10/1/2017] (optional) Tective 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 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	September 26th 2011
	Signature of a member or authorized representative of a member
	America Lenza

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Filing Fee: \$25.00