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	Registration So Division of Co			
eunuc		THLETICS LLC		
SUBJEC	Т:		ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		EDWARD J MARKO JR		
			Name of Person	
		TRAIN ATHLETICS LLC		
			Firm/Company	
		341 NE 45TH ST		
			Address	
		FORT LAUDERDALE, F	L 33334	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	tification)
For further	er information c	oncerning this matter, please ca	•	
EDWAR	D J MARKO JI	₹	561 5737221 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for the	he following amount:		
\$25.0	0 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

TRAIN ATHLETICS LLC	•	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) Iorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L17000203902	ity Company were filed on OCTOBER 2, 2017	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
		<u> </u>
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable	, , , -	the abbreviation."L.10."
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	<u>ن</u> ن
B. If amending the registered agent and/or i registered agent and/or the new registered office		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florid	
	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
AMBR	EDWARD J MARKO JR		Add
			Remove
			■ Change
			☐ Remove
			☐ Change
			Remove
			Change
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			Change
			□ Add
			☐ Remove
			☐ Remove
			☐ Change

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Typed or printed name of signee

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