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DIVISION OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AVenger'S Gym LLG Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Widmare VAlcourt Name of Person
HUMORA'S C-YM Firm/Company
10879 lan tana Cost
Clermont Fl. 34711 City/State and Zip Code
E-mail address: (Look used for future annual report notification)
For further information concerning this matter, please call:
WidMare Malcourt at (407) 731-2061 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Fiting Fee S30.00 Fiting Fee S S55.00 Fiting Fee S S60.00 Fiting Fee, Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Fiting Fee S S60.00 Fiting Fee, Certificate of Status S Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Lia	ability Company were filed on <u>1</u>	0-24-2017 and assigned
Florida document number (17000211)	69b.	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company her	17 BCT F 1
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the des	ignation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applica	ble;	
(Principal office address MUST BE A STREET	<u> "ADDRESS)</u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:		our records, enter the name of the new
New Registered Office Address:	10879 lantana	n Crst
		a street address
	Clermont	Florida S 97 U]
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the prope, accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete performance of n tered agent as provided for in Ch egistered office address. I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
	Utdwart U	DI. Signature of New Registered Agent

	Authorized Person(s) authorized to m from our records:	nanage, enter the title, name, and address of each	h person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>ambr</u>	Widman VAlcourt	10879 lantona Crot Clermont FL. 34711	ID Add
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effective date is listed, 2 If the date inserte	r than the date of fil the date must be specific ed in this block does no te on the Department o	and cannot be prior to t meet the applica	o date of filing or more		g.) Pursuant to 605.02
	a delayed effective or the record is file		an effective tim	e, at 12:01 a.m	. on the earlier
10-24-	2017	<u> </u>			
_Wid	mar Ule	Ta member or author	rized representative of a	member	
	naic VAlc				

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Filing Fee: \$25.00