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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Athena Fitness of Cross-Training, LLC 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:
Ana M. Acevedo Name of Person
Athena Fitness: Cross-Training
14395 5W 139 CT # 107 Address
Mi am Fl 33186
City/State and Zip Code Attenation Struinge and Com E-mail address: (to be used for fugure annual report notification)
For further information concerning this matter, please call:
Ana M. Advedo at (786) 254-4299 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

Athena Fitness & Closs-Teaning, We (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 Florida document number <u>L17000213288</u> .	were filed on	ian. ub_w	1 Dand ass	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	nation "LLC" or the ab		C.
Enter new principal offices address, if applicable:				X: <u>S</u>
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
			25	- 설문표 - - 설립
			™	
Enter new mailing address, if applicable:	*		<u> </u>	<u> - 5,5</u>
(Muiling address MAY BE A POST OFFICE BOX)			5	<u> </u>
B. If amending the registered agent and/or registered of		ır records, <u>enter</u>	the name	of the new
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:		ur records, enter	the name	of the new
registered agent and/or the new registered office address here		ir records, enter	the name	of the new
registered agent and/or the new registered office address her			the name	of the new
registered agent and/or the new registered office address here	<u></u>	strect address		of the new
registered agent and/or the new registered office address here	<u></u>			of the new
registered agent and/or the new registered office address here	Enver Florida	strect address		of the new

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>	Name	Address	Type of Action
AMBR	Ana M. Aeovedo	143955W 139 CT#107 HIAM FL 33186	D Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	57	11011:
E. Effective date, if other than the date of filing: 01-08-2018 (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 1 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b document's effective date on the Department of State's records.	to 605.0 e listed	1207 (3xt I as the
If the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ϵ (b) The 90th day after the record is filed.	arlie:	r of:
Dated 01-08-7018. Signature of a member or authorized representative of a member.	_	
Ana M. Acavecto Typed or printed name of signee	_	

Page 3 of 3

Filing Fee: \$25.00