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2011 NOV -7 PN 4: 07
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

K. SALY NOV - 8 2017

COVER LETTER

TO: Registration S Division of Co				
euniper.		PARTNERS GROUP LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Travis D Tomko		
		Name of Person		
		Purlife Fitness		
		Firm/Company		
	45 NE 2ND AVE			
		Address		
		Delray Beach, Florida 33444		
	•	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	12	travis.t@purlifedelray.com to be used for future annual report notifi		
For further information	concerning this matter, please c	•	cauoii)	
Travis	D Tomko	305 609-1495 at () Daytime		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 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 tadditional 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

ZOITMOY-7 PN 4: 07

SECRETARY OF STATE
TALLAHASSEE; FLORIDA

PURLIFE FITNESS PARTNERS GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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	The Articles of Organization	n for this Limited Liability Compan	y were filed on _	10/30/2017	and assigned
A. If amending name, enter the new name of the limited liability company here: PURLIFE FITNESS GROWTH PARTNERS LLC 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: (Mailing 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address Linear Florida street address Enter Florida attreet address I florida City 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	Florida document number _	L17000224173			
PURLIFE FITNESS GROWTH PARTNERS LLC 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: (Mailing 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	This amendment is submitted	ed to amend the following:			
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: (Mailing 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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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	A. If amending name, ent	er the new name of the limited lia	bility company l	iere;	
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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.	provisions of all statutes re accept the obligations of n being filed to merely reflec	elative to the proper and complete my position as registered agent as ct a change in the registered office	e performance o provided for in	f my duties, and I ai Chapter 605, F.S. C	m familiar with and Or, if this document is
If Changing Registered Agent, Signature of New Registered Agent		IFC's	unging Pogistered A	gent Signature of Your	Decistored Apont

If amend or remov	ing Authorized Person(s) authorized ed from our records:	d to manage, enter the title, name, and address of each person being added
MGR =	Manager Authorized Member	FILED 2017 NOV -7 PN 4: 07 Address SECRETARY Type of Action
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE IALLAHASSEE. FLORIDA Add
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Page 3 of 3

Filing Fee: \$25.00