117000242691

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
FALLAHASSIE, FLORIDA

B FIGUEROA DEC 26 2017

COVER LETTER

	Registration Se Division of Cor			
CHD IDC	Complete F	itness Online LLC		
SUBJEC	Т:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Christian Whitehead		
			Name of Person	
		Complete Fitness Online L	LC	
			Firm/Company	
		1342 Redbourne Lane		
			Address	
		Ormond Beach, FL 32174		
			City/State and Zip Code	- ·
		Christian @ Strteks	.COm to be used for future annual report notif	(cation)
For furthe	er information c	oncerning this matter, please ca		,
Christian	Whitehead		757 7142678	
	Name o	f Person	at ()	: Telephone Number
Enclosed	is a check for th	ne 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

Complete Fitness Online LLC			
(Name of the Limite	ed Liability Com (A Florida Limite	pany as it now appears d Liability Company)	on our records.)
The Articles of Organization for this Limited Lie Clorida document number L17000242691	ability Compar	ny were filed on $\frac{11/2}{}$	7/2017 and assigned
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	the limited li	ability company her	<u>c</u> :
act Over Fiction Fitness LLC			
he new name must be distinguishable and contain the w	ords "Limited Lia	ibility Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	Same	
Principal office address MUST BE A STREE	T ADDRESS)		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	Same	SECRETARISE MARKET MARK
3. If amending the registered agent and/oegistered agent and/or the new registered of			our records, enter the name of the
Name of New Registered Agent:	Same		
New Registered Office Address:			
		Enter Florid	la street address
			Florida
		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
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
		·	□ Aḋd
			Remove
			Change
			Add
			22 mgs 1) S A 28 A
			□ Remove
			□ Change

If softending any other information, enter change(s) here: (Attach additional s	theets, if necessary.)
•	
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 605.0207 (3 airements, this date will not be listed as th
the record specifies a delayed effective date, but not an effective time,) The 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
Dated 12/20. 2017.	
Signature of a member or authorized representative of a m	nember E B
Christian Whitehead	ZZ ZZ SSEE
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00