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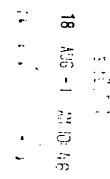
(R	equestor's Name)	
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PICK-UP	(Business Entity Name)  (Document Number)  Certificates of Status	
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Certified Copies	Certificate	es of Status
Special Instructions to	o Filing Officer:	

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# **COVER LETTER**

TO: η Registration Secti Division of Corpo			
SUBJECT:	Semper FH Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
		i rain Voung Name of Person	
	Sov	MPRY FITWESS LLC	<u>;                                    </u>
	/340	N Nob Hill R	<u>d</u>
	Planylation	City/State and Zip Code	
	E-mail address: (to	o be used for fature annual report notifica	ation)
For further information cond	cerning this matter, please ca	u:	
Craig Name of Pe	rson S	at ( <u>954-)</u> <u>560-6</u> Area Code Daytime T	Celephone Number
Enclosed is a check for the f	ollowing 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 (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

_	/		
Som	Der t	itivess LLC	
(Name of the Limited	Liability Compa	any as it now appears on our records.) Liability Company)	
· ·		/ /	र हि
The Articles of Organization for this Limited Liab	bility Company	were filed on $\frac{\sqrt{9}/\sqrt{6}}{2}$	and assigned
Florida document number <u>L180000</u> 077		' /	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	oility company here:	()
The new name must be distinguishable and contain the wor	rds "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	1840 North Nobell	
(Principal office address MUST BE A STREET	ADDRESS)	Plantation FC 333	527
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1840 North Nobh Plantation FC 3	ill Road 3322
B. If amending the registered agent and/or registered agent and/or the new registered office.	ce address her		ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	1810	North Nobill Can Enter Florida street address	<u> </u>
	Plant	Giv , Florida	33322 Zin Code
		2.9	

### 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 Chapging 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
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			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
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			Remove
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ective date, if other th	an the date of	filin <i>a:</i>		(n)	ptional)	
effective date is listed, the o	date must be specif	ic and cannot be prio		more than 90 days a	ifter filing.) Pursi	
te: If the date inserted in ument's effective date or				ng requirements,	tilis date win n	ot be fisted
record specifies a de he 90th day after th			ot an effective	time, at 12:0	1 a.m. on th	ne earlier
ed July 2	23	<u>, 2018</u>				<u>0</u>
Eu			 		•	
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<del></del>	Signature	of a member or auth	orized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00