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Registration Section

TO:

Division of Corporations				
	r functional fitness L	rc		
SUBJECT:	Name of Limi	ited Liability Con	npany	, , , , , , , , , , , , , , , , , , ,
		j		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing		
Please return all correspo	ndence concerning this matter	to the following	;	
	CHRISTOPHER DAVIS			
		Name of P	erson	
	SUNCOAST FUNCTIONA	AL FITNESS L	LC	
		Firm/Com	ıpany	
	5322 SADDLEWOOD TE	RRACE		
		Addres	ss	
	PARRISH, FLORIDA 342	19		
		City/State and	Zip Code	
	FIREFIGHTER8232002@C	MAIL.COM		
	E-mail address: (t	o be used for fu	re annual report noti	fication)
For further information co	oncerning this matter, please ca	ill:		
CHRISTOPHER DAVIS		941 at (526-6255)	
Name of	Person	Агеа	Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fi Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNCOAST FUNCTIONAL FITNESS LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	oy as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L_{18000028425}}{L_{18000028425}}$.	were filed on <u>1/31/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		- 50
(Principal office address MUST BE A STREET ADDRESS)		IS FE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TARY OF STATE HASSEE, TLORIDA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
 	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ag to act in this canacity. I further gare	ee to comply with the

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 amendin	ng Authorized Person(s) authorized defrom our records:	to manage, enter the title, name, and address o	f each person being adde	
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	CHRISTOPHER DAVIS	5322 SADDLEWOOD TERRACE	■ Add	
		PARRISH, FL 34219	Remove	
			☐ Change	
MGR	AMY DAVIS	5322 SADDLEWOOD TERRACE	■ Add	
	PARRISH, FL 34219	Remove		
		☐ Change		
			□ Add	
			□ Remove	
			Change	
			□ Remove	
			☐ Change	
			Add	
		☐ Remove		
			□ Change	
	 		D Add	
			Remove	
		☐ Change		

D. If amending any other information, enter change(s) here	(Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	TAL TAL
- 	FEB FEB
	SSEE
	PH 7:
	RID
	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ble statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated	
Signature of a member or author	ized representative of a member
CHRISTOPHER DAVIS	
1 yped or printer	I name of signee
Page	3 of 3
Filing Fe	e: \$25.00