## 118000014164

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DIVISION OF CORPORATION

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## **COVER LETTER**

	Registration Sec Division of Corp	
CHD IEC	EWFITNES	SS, LLC
SUBJEC	T:	Name of Limited Liability Company
		Amendment and fee(s) are submitted for filing.
Please ret	urn all correspor	ndence concerning this matter to the following:
		Eric Walton
		Name of Person
		EWFITNESS, LLC
		Firm/Company
		8095 Sun Valley Drive
		Address
		Jacksonville, FL 32210
		City/State and Zip Code
		ewfitness1@gmail.com  E-mail address: (to be used for future annual report notification)
For further	er information co	oncerning this matter, please call:
Eric Wal		904 422-0022
	Name of	Person Area Code Daytime Telephone Number
Enclosed	is a check for the	e following amount:
\$25.0	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

EWFITNESS, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on March 22, 2018	and assigned
Florida document number 18000074164		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRESS)		= = =
		8 SEC
		<b>무</b> #속
Inter new mailing address, if applicable:		0 277
Mailing address MAY BE A POST OFFICE BOX)		AMIO:
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		<b>1</b> 00°
3. If amending the registered agent and/or registered of		r the name of the i
egistered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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>	<u>Address</u>	Type of Action
MGR	Eric Walton	8095 Sun Valley Drive	<b>⊟</b> Add
		Jacksonville, FL 32210	□ Remove
			Change
AMBR	Vanessa Walton	8095 Sun Valley Drive	
		Jacksonville, FL 32210	■ Remove
			☐ Change
			Remove
			Remove
			□ Change
			□ Add
			□ Remove
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			Remove
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Effective date, if other than the da (If an effective date is listed, the date must be	ate of filing:		(option	ıal)	
(If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the appli	cable statutory filing	ore than 90 days after fig requirements, this o	ling.) Pursuant to late will not be	605.02 listed
accument a crective date on the Depa	Transmort State & records	••			
the record specifies a delayed e The 90th day after the recor		ot an effective t	me, at 12:01 a.	m. on the ea	arlier
Dated	2018				
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	gnature of a member or auti	4 Jillin		<u> </u>	_

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Filing Fee: \$25.00