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## **COVER LETTER**

Div	ision of Corp	porations		
CHD IFCT.		STMENTS GROUP, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspor	ndence concerning this matter	to the following:	
		CONSUELO SALCEDO		
			Name of Person	<del></del>
		SALCEDO & ASSOCIAT	ΓES, iNC.	
			Firm/Company	
		15445 SW 96 TERRACE	<u> </u>	
		<del></del>	Address	
		MIAMI, FL 33196		
		-	City/State and Zip Code	
		CSALCEDO@SALCEDO		
		E-mail address: (	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please co	all:	
CONSUEL	O SALCED	)	305 433-2214	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
<b>■</b> \$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:

TO:

Registration-Section

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

A & E INVESTMENTS GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_04/17/2018 and assigned Florida document number \_\_L18000096069 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AZ SPORT FITNESS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 8 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 尝 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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
MGR	LUGO HIDALGO, JOSE E.	9341 SW 171 AVENUE	
		MIAMI, FL 33196	■ Remove
			Change
MGR	LUGO HIDALGO, EDUARDO J	9341 SW 171 AVENUE	<b>=</b> Add
-		MIAMI, FL 33196	Remove
		<u> </u>	Change
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AUGUST 8	2018				
			of a member		

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Filing Fee: \$25.00