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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: <u>Club</u>	Pilates of Name of Limi	MELIDOWNS	e LLC
The enclosed Articles of Art	nendment and fee(s) are subs	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Em	Name of Person	2
	Club Pi	l e	Mel bourne LLC
	270	10 Waring	lane
	Malak	City/State and Zip Code	32950
-	E-mail address: (1	Veh John Do be used for fature annual repor	a Muil. Com
For further information conc	erning this matter, please ca	di:	
Name of Pe	Render	at (FL) 50 Area Code D	aytime Telephone Number
Enclosed is a check for the for	ollowing amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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

(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 $\frac{Na_{1}}{1} \frac{13}{10} \frac{18}{10}$ and assigned Florida document number $\frac{1}{10} \frac{18}{10} \frac{1}{10} 1$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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 Florida
City Code. New Registered Agent's Signature, if changing Registered Agent:
Thursday against the appointment or positional against and against and against the first against the first against and against and against aga

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	Christopher Health Renkup	Malubar Fc	Add
		malubar fc	□ Remove
		32950	Change
MGR	Emily Rehlap	_ 2740 jearing lane	A dd
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		32950	□ Change
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record specif	ies a delayed eff	ective date	e, but not	an effective	time, at 12	:01 a.m.	on the e	arlier o
The 90th day	after the record	is filed.	•		•			
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Filing Fee: \$25.00