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COVER LETTER

TO:	Registration Se Division of Cor			
61101		ngs Fintess, LLC		
SOBI	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Abby R Moc		
		The Strength Group	Name of Person	
			Firm/Company	
418 W. Graden St., Box 6, Suite 203				
		Pensacola, FL 32502	Address	
		abby.r.moc@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For fu	irther information c	oncerning this matter, please ca	alt:	
Λbby	R Moe		563 340-0294	c Telephone Number
	Name o	f Person	Area Code Daytimo	: Telephone Number
Enclo	sed is a check for th	ne following 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

FILED

Greater Things Fitness, 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	y were filed on June	13, 2018 SECRETARY OF STATE med
Florida document number L18000146338		
This amendment is submitted to amend the following:	endment is submitted to amend the following: nending name, enter the new name of the limited liability company here: ngth Group, LLC name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ew principal offices address, if applicable: and office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: g address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new	
A. If amending name, enter the new name of the limited lial	ndment is submitted to amend the following: ending name, enter the new name of the limited liability company here: gth Group, LLC me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." w principal offices address, if applicable: I office address MUST BE A STREET ADDRESS) w mailing address, if applicable: address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new dagent and/or the new registered office address here: Name of New Registered Agent:	
The Strength Group, LLC	ment is submitted to amend the following: ding name, enter the new name of the limited liability company here: Group, LLC must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: ffice address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX) miding the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here: me of New Registered Agent: w Registered Office Address: Enter Florida street address Enter Florida street address City Zip Code red Agent's Signature, if changing Registered Agent: teept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the of all statutes relative to the proper and complete performance of my duties, and I am familiar with and bibligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	gnation "LLC" 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)		
registered agent and/or the new registered office address he		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	a street address
	Differ I torres	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	- ree to act in this ca e performance of m provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or. if this document is

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Remove
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			□ Add
			Remove
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			Remove
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O. If amending any other info	·				
					
					
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 Effective date, if other than (If an effective date is listed, the date 			filing or more than 90	(optional)	to 605 0207 t3Y
Note: If the date inserted in the document's effective date on the	is block does not meet	the applicable stat			
f the record specifies a dela b) The 90th day after the		e, but not an ef	fective time, at	12:01 a.m. on the	earlier of:
February 24th Dated	2	019			
albert	Signature of a men	ber or authorized rer	resentative of a memb	oer	
V				· 	
Abby R Moe					

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Typed or printed name of signee

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