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Certified Copies	Certificates	of Status
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## COVER LETTER

TO: Registration Section Division of Corporation	ations		
SUBJECT:	Max's F;	tness	
	Name of Limite	ed Liability Company	
The enclosed Articles of Amo	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	=	<del>-</del>	
	Maxw	Name of Person  Fitness LLC  Firm/Company	
		Name of Person	
	Max's	Fitness LLC	
		Firm/Company	
	318 River	- Bluff Dr. Address	· · · · · · · · · · · · · · · · · · ·
		Address	
	Ormond Be	och, FL 321	174
	boales.ma	ach FL 321 City/State and Zip Code xwell b @ gmail.c	om
_	E-mail address: (to	be used for future annual report notificat	ion)
For further information conce	erning this matter, please cal	l:	
Maxwell	B. Boales	at (386) 672-6	)30 <u> </u>
Name of Per	rson	Area Code Daytime Te	lephone Number
			، بي
Enclosed is a check for the fo	ollowing 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

Max's F	itness LLC	
	d Liability Company as it now appears on our reco A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Lia Florida document number <u>L180001631</u>	bility Company were filed on	5th 2018 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company." the designation "Li	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	\$80 18 S
(Principal office address MUST BE A STREET		T 28
		9 58.7
Enter new mailing address, if applicable:		PM 1:
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	31 68
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our recor- ce address here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Florida
New Registered Agent's Signature if changing De	City	Л.p 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>	Address	Type of Action
AMBR	Richard L. Wodzinski	1809 1st Street Indian Rocks Bo	h, FL 33785 Add
			□ Remove
		<del> </del>	□ Change
			Remove
			Change
	<del></del>		🗆 Add
			□ Remove
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			□ Change

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Filing Fee: \$25.00