118000189820

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(8u	siness Entity Nan	ne)
(Do	cument Number)	
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18 OCT 29 AM 9: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

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BL VORISEK NOV 14 2018

COVER LETTER

TO:	Registration Sec Division of Corp			
SURJ	Sam Kollase	ch Fitness L.L.C.		
50130		Name of Limit	ed Liability Company	
		Amendment and fee(s) are subm		
Please	return all correspo	ndence concerning this matter to	o the following:	
		Mitch Wilde		
			Name of Person	
		ZenBusiness		
			Firm/Company	
		702 San Antonio St, 4th Flo	юг	
			Address	
		Austin, TX 78701		
		support@zenbusiness.com	City/State and Zip Code	
			o be used for future annual report notifica	tion)
For fu	rther information co	oncerning this matter, please cal	н:	
Mitch	ı Wilde		at () 968-4123 Area Code Daytime To	
	Name of	f Person	Area Code Daytime To	elephone Number
Enclo	sed is a check for th	ne following amount:		
= \$1	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

Sam Kollasch Fitness L.L.C.		18 (
(Name of the Limited Liabil	lity Company as it now appears on our records.) la Limited Liability Company)	——ARE OCT
The Articles of Organization for this Limited Liability of Florida document number L18000189820 This amendment is submitted to amend the following:		29 AM 9: 57
A. If amending name, enter the new name of the lin	nited liability company here:	
Fitness Cartel LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
- megat upice manetal picot be the riberthise		
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado		the name of the new
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 = A $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			Change
			
			Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			Remove

_____ Change

Note	tive date, if other than the date of filing:
(f the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	October 7th . 2018

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00