118000 192015

Office Use Only



600319811986

10/22/18--01025--013 **25.00

18 00122 FH 2:21

NOV 0 8 2018 T SCHROEDER

COVER LETTER

	gistration Se vision of Cor			
SUBJECT	WW Welln	ess LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	indence concerning this matter	to the following:	
		Tyler B. Kom		
			Name of Person	
		Korn & Kalish LLP		
			Firm/Company	·····
		5150 Tamiami Trail N., Su	ite 302	
			Address	
		Naples, FL 34103		
		tkorn@korntax.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further	information c	oncerning this matter, please co	all:	
Tyler Korn			239 354-4300	
	Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for the	he 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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WW Wellness LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our imited Liability Company)	r records.)	.
The Articles of Organization for this Limited Liability Con Florida document number 1.18000192015	npany were filed on $\frac{ ext{August }10}{ ext{.}}$, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			- 1
(Principal office address MUST BE A STREET ADDRE	SS)		co
			ונבבּ
			22
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			1/V
			3.4
B. If amending the registered agent and/or register registered agent and/or the new registered office address		records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	et oddress	
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
			□ Remove
<u>-</u>			
			□ Remove :
			□ Add
			☐ Remove
			☐ Change
.	-		
			□ Remove
			Change
			
			□ Remove
			Change

he transfer of ownership of the Limited Liability Company is subject to the terr	ns and conditions of
certain Multi-Unit Operater Agreement and a certain Franchise Agreement enter	ered into with
xercise Coach USA, LLC.	
	· - :- (
	 !
	, >
ive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to date of filing or more. If the date inserted in this block does not meet the applicable statutory filing re-	han 90 days after filing.) Pursuant to 605.0
ent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	e, at 12:01 a.m. on the earlie
2011	
16 Octobar 2018	
- 1 0 col 1	
Signature of a member or authorized representative of	a member

Page 3 of 3

Filing Fee: \$25.00