L18000224243

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SECRETARY OF STATE
TALLAHASSEE, FL

CT -3 PM 4:2

COVER LETTER

Division of Corp			
SUBJECT:	b Pilates Lake	Nona	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Michelle Be	then cowt Name of Person	
		Firm/Company	
	9701 Lake Dis	trict Lone Address	
	Orlando FL	32832 City/State and Zip Code	
	the pilates bouding	City/State and Zip Code Oue EgMail. Com to be used for future annual report r	notification)
For further information co	oncerning this matter, please ca		
Michelle Bett Name of	nencowt Person	at (<u>407</u>) <u>963-</u> Area Code Day	8247 time Telephone Number
Enclosed is a check for the	e 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

1 1

FILED

2018 OCT -3 PM 4: 26

Club Pilates Lake 110h	SECAL TARY OF STATE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000224243</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab OMR Pilates Lakenona LLC The new name must be distinguishable and contain the words "Limited Liabiletics".	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	9701 Lake District Lane
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32832
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9701 Lake District Lane Orlando, FL 32832
B. If amending the registered agent and/or registered of 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 Zip Code
	Cuy zap 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
			Add
			☐ Remove
			Change
			Remove
		- v	☐ Change
			
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			Remove
			Change
			□ Remove
			□ Change

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•	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	October 1st 2018. Mielelle Mrs.
	Miolelle Mr
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00