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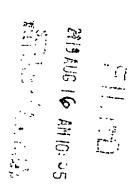
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## **COVER LETTER**

TO: Registration So Division of Con	porations		
SUBJECT:	derriff Isl	and Huscle ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are submitted for filling.  Amendment and fee(s) are submitted for filling.  Indence concerning this matter to the following:  LOUIS HAY JEY  Name of Person  FITNES CLUB M. I  Firm Company  Address  Merry JF Island FI 32,953  City/State and Zip Code  Formal address. (to be used for fathure annual report notification)  Oncerning this matter, please call:  Area Code  Status Griffing Fee & Certificate of Status & Cer		
Please return all correspo	ondence concerning this matter	to the following:	
	Loui	s Manley	
			<u>.                                    </u>
			/
	Merritt I	sland, FI .	3295 <u>3</u>
	Fifther.	City/State and Zip Code  City/State and Zip Code  to be used for future annual report noti	Outlook. Com
For further information c	-		
LOUIS L	ON 10 Y Person	at (327) Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee	<del>-</del>		S60.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed?

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 11/5/2018Florida document number L 18000259649 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action Linda Wardell Sect 340 N Atlantic Due DAN Coera Deach F1 32931 Hermore \_\_\_\_\_ □ Change \_\_\_\_ 🗖 Remove □ Add ☐ Change \_\_\_\_\_ □ Remove \_\_\_ 🗀 Change \_\_\_\_ □ Remove \_\_\_\_\_ Change ☐ Remove

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ote: 1	re date, if other than the date of filing: 7/1/2019 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (fling.) Pursuant to 605 0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
	ord 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.
ated _	8/13 2019
	1 ) 11/1/20 1/1/2/1/1/1/2/
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00