118000 269215

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600321574266

12/10/18--01023--012 **25.00

Support of the August A

D. SCOTT DEC 1 9 2018

COVER LETTER

TO: Registration So Division of Cor			•	
SUBJECT:	Fitness by I. Name of I. in	ara LLC nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following;		
		ra Keller Name of Person		
	Fit	ness by Jara Firm/Company		
	1602 Cra	abapple cove ct N Address	 - ,	75. 143
	Jacks	Onville, FL 32225 City/State and Zip Code		DEC 10
	tara Oto	ara Keller: Co	ication)	>
For further information c	oncerning this matter, please c	•		2
Taa Name o	Keller Ferson	at (<u>904</u>) <u>565-5</u> Area Code Daytime	26.2 Telephone Number	٦
Enclosed is a check for the	ne 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, Ft. 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

Finess by larce Linited Liabil	ity Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>11119 [20]</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		125
(Principal office address MUST BE A STREET ADDI	RESS)	11 the second
Enter new mailing address, if applicable:		5 7
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our reco lress here:	rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ade	fress
		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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			🗅 Add
			Remove 1
			Change .
			☐ Rembve
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			🗅 Add
			☐ Remove
			□ Change

					 		
					 		
		-					
-							-
							
	_						
					· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
							 '\
						(-)	_ `
	-					<u></u>	— '
				· -			- .
	 -					<u>ب</u> ســــــــــــــــــــــــــــــــــــ	
						···	
							_
If an effective date Note: If the da	e, if other than the da e is listed, the date must be tte inserted in this block ective date on the Depa	specific and car does not meet	nnot be prior to d t the applicable			filing.) Pursuant to	
	ecifies a delayed ef day after the record		e, but not a	n effective tin	ne, at 12:01 a	a.m. on the ea	rlier o
Dated K	Di Dic 5th	<u> </u>	<u>2018</u> .				
	100 7						_
	Sig	nature of a men		d representative of	a member		

Page 3 of 3

Filing Fee: \$25.00