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SECRETARY OF STATE

Y SULKER SEP 1 0 2019

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Led Bear 9 Name of Lin	Fitness Hotompany	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Benja	min J. Hourra	<u> </u>
	Ped	Bear Titness Firm/Company	1te
	13887 SW	90th the tot	14117
	Miami, 9	City/State and Zip Code	
	50hona_ E-mail address: (HUIS e @ aol. co. to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Sonan	a G. Hulse	at (-786) <u>253</u> .	-5887
, mine (7.1.613.01	Area Code Daytine	: 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

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

	Florida Enimed Clability Company)		
The Articles of Organization for this Limited Liab Florida document number 19000318		Sanucry	35+ 2019 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company h	ere:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the	designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		20 1 9
(Principal office address MUST BE A STREET.	ADDRESS)		- AND TI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		30 PH 1: 2
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:	registered office address of e address here:	•	
New Registered Office Address:	Enter Flo	rida street addres	SS
	ZMa	, F1	orida
	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, <u>enter the title, name, and address of each person_being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
<u>VP</u>	Johana Gr. Ybarra	13882 SW 90th Ave	
		13887 SW 90th Lue Mami	Remove
			Change
P	Johana Gr. Hulse 1	9644 SW 123rd Are miami	Add
		FL. 33177	□ Remove
			Change
			Add
			□ Remove
			□ Change
			_□ Add
			_□ Remove
			_□ Change
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			_ Change
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			_□ Change

	
(If an ef Note:	ive date, if other than the date of filing: 08/30/90/9 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) 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 the nent's effective date on the Department of State's records.
the re	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	Betty for a member of a member
	Benjamin Houver

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Filing Fee: \$25.00