Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WATSON SLOAME JOENSON PLLC.

Account Number : I20150000117 : (407)622-6/51 Phone

: (866)440-1211 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XYMOGYM, LLC

Certificate of Status	0
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AUG 29 2019

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XYMOGYM, LLC	<u></u>
(Nume of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/15/2}{1}$	
Florida document number L19000040514	
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 design	ation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADDRESS)	
	
	TO THE
Enter new mailing address, if applicable:	en : S
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	r records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida s.	reet address
	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>	Name	Address	Type of Action
COO/VP	STEPHANIE BLACKBURN	6800 KINGSPOINTE PKWY	
		ORLANDO, FL 32819	☐ Remove
			☐ Change
CEO/P	BRIAN BLACKBURN	6800 KINGSPOINTE PKWY	■ Add
		ORLANDO, FL 32819	☐ Remove
			Cl Change
S	KYLE BLACKBURN	6500 KINGSPOINTE PKWY	
		ORLANDO, FL 32819	☐ Remove
			□ Change
Asst. Secretary	BRIAN BLACKBURN, JR.	6800 KINGSPOINTE PKWY	⊒ Add ↓
		ORLANDO, FL 32819	☐ Remove =
			☐ Change
Asst. Secretary	SARAH BLACKBURN	6800 KINGSPOINTE PKWY	B Add J
		ORLANDO, FL 32819	
			Change
		***************************************	□ Add
			Remove
			Change

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e record The 90	d specifies a e Rh day after i	delayed effec the record is	tive dat filed.	te, but no	t an effec	tive time,	at 12:01	a.m. on t	he earlier of	:
Dated	August	20-1-	··	2019						
		MK.			~					
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