

**L19000064729**

11/18/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6393

From: Account Name : NELSON MULTIPLE RILEY & SCARBOROUGH LLC  
Account Number : 119398000018  
Phone : (501)832-3388  
Fax Number : (501)855-1189

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

Email Address: Pshulski@grassicpas.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA FITNESS WORKS 5, LLC

Certificate of Status	0
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2020 NOV 18 AM 10:25

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NOV 18 2020

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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Florida Fitness Works S, LLC

Name of the Limited Liability Company as it now appears on our records  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 6, 2019 and assigned  
Florida document number L19000064729.

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 "L.L.C."

Enter new principal offices address, if applicable:

3100 S. Federal Hwy #1

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach, FL 33483

Enter new mailing address, if applicable:

3100 S. Federal Hwy #1

(Mailing address MAY BE A POST OFFICE BOX)

Delray Beach, FL 33483

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:

Christopher L. Rodgers

New Registered Office Address:

3100 S. Federal Hwy #1

Enter Florida street address

Delray Beach


Florida 33483

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	James Robert Motes	19145 S. O'Brien Road	<input type="checkbox"/> Add
		Groveland, FL 34736	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior in date of filing or more than 90 days after filing.) Pursuant to COS.0207 (1)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated November 13, 2020

Signature of a member or authorized representative of a member

Christopher L. Rodgers

Typed or printed name of signee

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**Filing Fee: \$25.00**