Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as cover abeet. Type the fax such number (thown below) on the top and bottom of all pages of the downmon. (((H200003982313)))	020	Division of Corporations Florida Department of State			
All pages of the document. (((H200003982313))) HIGH SHALL HIGH HIGH HIGH HIGH HIGH HIGH HIGH HI	, .	Division of Corporations	^		
To:       Division of Corporations Fax Number : (059)617-6393         From:       Account Numer : NCLSCH HULLING BILEY & SCARECHOUSE LLD Account Numer : NCLSCH HULLING BILEY & SCARECHOUSE LLD Account Numer : NCLSCH HULLING BILEY & SCARECHOUSE LLD Account Numer : (059)617-6393         From:       Account Numer : NCLSCH HULLING BILEY & SCARECHOUSE LLD Account Numer : (059)617-6393         From:	N	all pages of the document.	p sad bottom of		
Note: DO NOThh the REFRESH/RELOAD batton on your browser from this page. Duing so will generate another cover sheet. To: Division of Comparations Free Warber : (\$59)617-6393 From: Account Name : MELSCH MULTING KIEFY & SCAMBORGUBP 110 Account Name : MELSCH MULTING KIEFY & SCAMBORGUBP 110 Account Name : (Sol)632-3386 Fac Nomber : (Sol)632-3386 Fac Nomber : (Sol)632-3386 Fac Nomber : (Sol)653-1189 **Enter the enail address for this business entity to be used for future shoul report multings, Enter only one enail address plesse.** Enail Address : Pshulski@grassicpas.com LLC AMND/RESTATE/CORRECT OR M/AIG RESIGN FLORIDA FITNESS WORKS 5, LLC Certificate of Sumus RECORD FITNESS WORKS 5, LLC Certificate of Sumus RECORD FITNESS WORKS 5, LLC Certificate of Sumus Recount 03 Fage Count Batim and Change S12500 70 71 71 72 73 74		(((H20000398231 3)))			
Note: DO NOThh the REFRESH/RELOAD batton on your browser from this page. Duing so will generate another cover sheet. To: Division of Comparations Free Warber : (\$59)617-6393 From: Account Name : MELSCH MULTING KIEFY & SCAMBORGUBP 110 Account Name : MELSCH MULTING KIEFY & SCAMBORGUBP 110 Account Name : (Sol)632-3386 Fac Nomber : (Sol)632-3386 Fac Nomber : (Sol)632-3386 Fac Nomber : (Sol)653-1189 **Enter the enail address for this business entity to be used for future shoul report multings, Enter only one enail address plesse.** Enail Address : Pshulski@grassicpas.com LLC AMND/RESTATE/CORRECT OR M/AIG RESIGN FLORIDA FITNESS WORKS 5, LLC Certificate of Sumus RECORD FITNESS WORKS 5, LLC Certificate of Sumus RECORD FITNESS WORKS 5, LLC Certificate of Sumus Recount 03 Fage Count Batim and Change S12500 70 71 71 72 73 74					
To: Division of Comparations Fax Worker : (#59)617-6383 From: Account Name : MCLSC: MULTIN' BILEY & SCAMBORCUGH LLP Account Name :: MCLSC: MULTIN' BILEY & SCAMBORCUGH LLP Account Name :: MCLSC: MULTIN' BILEY & SCAMBORCUGH LLP Account Name :: (Sol)633-3306 Fax Norther :: (Sol)63-3306 Fax Norther :: (Sol)63-33			nutier cover		
Division of Corporations Fax Number : (959)617-6393 From: Account Name : MELSON MULTING HILEY & SCAPBORGION LLP Account Number : 119399090019 Phone : (Sol)632-3396 Fax Number : (Sol)657-1189 *Enter the enail address for this business entity to be used for future annual report multings, Enter only one enail address please." Enail Address: PShulski@grassicpas.com LLC AMIND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA FITNESS WORKS 5, LLC Certificate of Status Certificate of Status Certificate of Status Estimated Charge 2	: 	Note: UU NU Lan the Kishneshrket. UA Distance of your provident tota and page. Doing so with generate sheet.			
Account Name : NELSCH PULITYE RIGY & SCARRENCIGH ICP Account Number : 119398090819 Phone : (Sol)653-1389 Fax Number : (Sol)653-1189 **Enter the email address for this business entity to be used for future annual report multings, Enter only one email address please, ** Email Address : Pshulski@grassicpas.com LLC AMND/RESTATE/CORRECT OR M/NIG RESIGN PLORIDA PITNESS WORKS 5, LLC Certificate of Status Certificate of Status Ce	, ז	Division of Corporations			
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA FITNESS WORKS 5, LLC Certificate of Status Certificate of Status Page Count Eatimated Charge 2 	F.	From: Account Name : NELSCH HULITHS RIFFY & SCARBORCUGH LLP Account Number : 119300000010 Phone : (Sol)832-3300			
Certificate of Status     0       Certificate of Status     0       Certificate of Status     0       Certified Copy     0       Page Count     03       Estimated Charge     \$25.00		**Enter the email address for this business entity to be used for future annual report mulings. Enter only one email address please.** Email Address: Pshuiski@grassicpas.com	1 0202 H		
Certificute of Status Certified Copy Page Court Estimated Charge \$25.00		FLORIDA FITNESS WORKS 5, LLC	· · · ·		
Page Court     03       Estimated Charge     \$25.00		Certificate of Status 0			
		Page Count 03			
		Estimated Charge 32300	· rn		
Electronic Filing Menu Corporate Filing Menu Help					
Electronic Filing Menu Corporate Filing Menu Help	_ ج				
		Electronic Filing Menu Corporate Filing Menu Help			
	•	· -			

• .

:

.

.....

1

: : : : :

:

;;

İ

ARTICLES OF AMENOMENT TO ARTICLES OF ORGANIZATION OF						
Florida Fitness Works 5, 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 Liz	bility Company	were filed on <u>Materio, 2019</u>	and assigned			
Florida document mimber L19000064729	······································					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabi	ility company here:				
, <u> </u>						
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "LLC."			
Enter new principal offices address, if applica	ble:	3100 S. Federal Hwy #1				
Principal office address MUST BB A STREET		Delray Beach, FL 33483				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE I	BOX)	Delray Beach, FL 33483				
			5. 1711 - 201			
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. Federa					
······································		Emer Florida street addr	TT TT			
	Delray Beach		Torida 33483			
		Chy	Zip Code			

## New Registered Agent's Signature, if chauging 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 pravided 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

-----

į

• • • •

•

.

: . .

-----

2

. . . . . . . . . . . . .

:

(H20000398231 3)

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>Atle</u>	Name	Address	Type of Action		
AMBR	James Robert Motes	19145 S. O'Brien Road	bbaC		
		Groveland, FL 34736	il Remove		
			[]Change		
			bbA[]		
			🛛 Change		
			🗆 Add		
			[]Remove		
		,	[]Change		
			🗋 Add		
			CRemove		
			DAdd		
			Renove		
			Change		
			DAdd		
			Remove		
			Change		
		(	H20000398231 3)		

(H200003982313)

\_\_\_\_\_ \_\_\_\_\_ -----. . \_\_\_\_ E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and sannot be prior to dete of filing or more than 90 days after filing ) Pursuant to (05.0207 (3)(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

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

record is filed

Dated _	November 13	, 2020			
	Ar				
	Signature of a member or authorized representative of a member				
	Christopher L. Rodgers				
	Typed or printed name of signee				

.

,