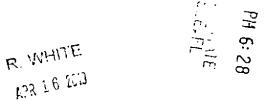
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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Oc	ocument Number)	-
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nlv



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COVER LETTER

	Name of Lim	uted Liability Company			
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
ease return all correspo	ondence concerning this matter	to the following:			
	JAMES T. BACON				
		Name of Person			
	ALLRED, BACON, HALFHILL & YOUNG, PC				
	Firm/Company				
	11350 RANDOM HILLS RD., SUITE 700				
	Address				
	FAIRFAX, VA 22030°				
	JBACON@ABHYLAW.C	City/State and Zip Code OM			
	E-mail address: (to be used for future annual report notif	ication)		
or further information c	concerning this matter, please c	all:			
AMES T. BACON		703 352-1300 at ()			
Name c	f Person	Area Code Daytime	: Telephone Number		
nclosed is a check for t	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:

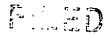
Registration Section Division of Corporations

TO:

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



(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MARCH. Torida document number L19000087933	72019 APR 10 PH 6: 28 r records.) 77 L
	29, 2019 and assigned
	29, 2019 and assigned
Florida document number L19000087933	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
CASIANA FITNESS HIGHLAND SQ, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• • •	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address on our	records, enter the name of the ne
gistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name Danistana d (2005), Addmissis	
New Registered Office Address: Enter Florida stree	et address
Civ	, Florida Ziv Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability oany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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	JAMES T. BACON		(LAM)	42			
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Filing Fee: \$25.00