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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

**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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June 21, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

IMPERIAL FIT LLC 4217 16TH ST SW LEHIGH ACRES, FL 33976

SUBJECT: IMPERIAL FIT LLC

REF: L19000097854

We received your electronically transmitted document. However, the odcument has not been filed. Please make the following corrections and refax the complete document, including the electronic filing coversheet.

Type of action is required

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II Amount charged: 25.00 FAX Aud. #: 819000192582 Letter Number: 019A00012574

COVER LETTER

TO: Registration Se Division of Cor	porations		
IMPERIA SUBJECT:	L FIT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
	<u> </u>	Firm/Company	
	101 N. Brand Blvd., 111	h Floor	51. 92.
		Address	
	Glendale, CA 91203		MALLARASS
		City/State and Zip Code	26
	imperialmarraine20@gm	nail.com to be used for future annual report nonfi	2
For further information of	concerning this matter, please of	•	catton)
Cheyenne Moseley		800 773-0888 ex	at. 9724
Name	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 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**

IMPERIAL FIT LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000097854	were filed on 4/9/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Link	oility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3716 41st St. SW	
(Principal office address MUST BE A STREET ADDRESS)	Lehigh Acres, FL 33976	-1 <u>6</u> 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TILED A 3 WE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		nter-the native of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City Florid	IBZip 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 t 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Dwayne Gary	3716 41st St. SW	
		Lehigh Acres, FL 33976	D Remove
AMBR	Jeanne Accius	4217 16th St. SW	
		Lehigh Acres, FL 33976	Remove
AMBR	Marie Louis	3716 41st St. SW	Add
		Lehigh Acres, FL 33976	TO Remova—
		SEL FLORIDA	> [1
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			🗆 Add
			C Remove
			C Remove

fective date, if other than the date of filing:	(optional)
e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)	e more than 90 days after
ucd Sline 9th 2019.	
1 VII bus all de la la Harris de	
Signature of a member of authorized representative	of a member
Signature of a member or authorized representative Myrvaldine Louis	of a member

Page 3 of 3

Filing Fee: \$25.00