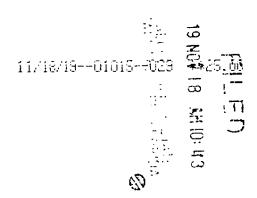
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Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations
SUBJ	ECT: XCEL FITNESS Products LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	TAUE SIMMONS Name of Person
	Xcel Firm/Company
	2225 CARIB CIRCLE
	PAIN BEACH GANGERS, FL 33410 City/State and Zip Code MARKE XCEL FITUESS PODUCTS, COM E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	MARK Simmuls at (561) 714-4735 Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
≸ \$2	5.00 Filing Fee Solution Status Solution Statu

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

	TNESS Products LLC				
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) Id Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 9112019 and assigned Florida document number 19000230159.					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability company here:				
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbro	eviation "L.L.	C."		
Enter new principal offices address, if applicable:		50 -<u>2</u>			
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·			
		: 8			
Enter new mailing address, if applicable:	:: :-	1. 11.0	Ti		
			` <u>-</u> ,'		
(Mailing address MAY BE A POST OFFICE BOX)		· #=			
		<u> ယ</u>			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter th	e name of	f the new		
Name of New Registered Agent:					
New Registered Office Address:					
·	Enter Florida street address				
	. Florida				
	City . Florida	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>	<u>Name</u>	Address	Type of Action
MGR	MARK Sirmous	7275 CARIB CIRcle PAlm Beach Galdens, FL	XAdd 33410 □ Remove
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Page 3 of 3

Filing Fee: \$25.00