

L19 000 274 224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

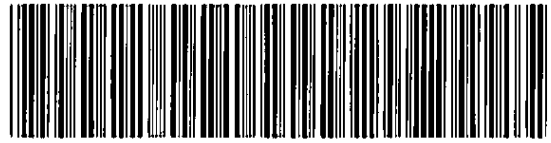
(Business Entity Name)

(Document Number)

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SEC. OF REVENUE
FLORIDA

2020 FEB 18 AM 9:56

FILED

Amend
Name chg

MAR 10 2020

I ALBRITTON

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MISSION BOOT CAMP, 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 11/04/2019
Florida document number 300336566433

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STEELE CORE FITNESS, LLC

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:

10809 Glenhurst Street

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33913

Enter new mailing address, if applicable:

10809 Glenhurst Street

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, FL 33913

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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