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Amend

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COVER LETTER

TO: Registration Sec Division of Corp			•'
SUBJECT: DI	CORNE FI	TNIESS 1.1.	
3013Ce1		ited Liability Company	_
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	_
Please return all correspon	dence concerning this matter	to the following:	
	Mul	auel T. Odiorne	_
	ODI	DRNE FITNESS LLC	_
	3130 NE 4	2nd Street #7A Address	
	Lighthouse	Point FL 33064 City/State and Zip Code	
	Michael Todiorr E-mail address: (1	1000 GMG 1 1 1011 to be used for future annual report notification)	_
For further information co	ncerning this matter, please ca	all:	
Musquel Do	Liorne Person	at (<u>ZIO)</u> <u>(633 - 6009</u> Area Code Daytime Telephone Nun	nber
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	9 Filing Fee. ficate of Status & fied Copy onal copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Section Division of Corporations	
Division of Co P.O. Box 6327	•	The Centre of Tallahassee	
Tallahassee, F		2415 N. Monroe Street, Suit	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barrier St. K. ed 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 $\frac{Z}{IZ}$ Florida document number _L2000058524 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/H

Enter Florida street address New Registered Office Address: 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

Title	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00