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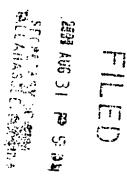
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TO: Registration Section
Division of Corporations

DUD IF OT.		KISSISMMEE, LLC	▼ ·	
SUBJECT:		Name of Limited	1 Liability Company	
		mendment and fee(s) are submi		
Please retur	n all correspond	dence concerning this matter to	the following:	
		Christy Stross, Esq		
			Name of Person	
			Firm/Company	
		6505 Central Avenue		
			Address	
		St Petersburg, Florida 33710)	
		<u> </u>		
		cbstross@gmail.com	be used for future annual report notific	ation)
For further	information co	oncerning this matter, please cal		
Christy Str	ross		813 464-4644 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.00	0 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

(Name of the Limi	(A Florida Limited	any as it now appears on our Liability Company)	records.)		
he Articles of Organization for this Limited L	iability Company	were filed on August 11,	2020		and assigned
lorida document number L20000244957					
his amendment is submitted to amend the following	lowing:			.2929	
. If amending name, enter the new name of	of the limited liab	oility company here:	2011 A	êr.	
R FItness Kissimmee, LLC			67.75 67.73 11.40	ω	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or	the abbr	eviation "L.IC."
nter new principal offices address, if appli-	2720 Broadway Center	****	ά	U	
Principal office address MUST BE A STREI		Brandon, Florida 33510	712 74-	₹	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)				
	registered office	address on our records,	enter the	name	of the new reg
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or	registered office	address on our records,	enter the	name	of the new reg
Mailing address MAY BE A POST OFFICE . If amending the registered agent and/or gent and/or the new registered office addre	registered office :		enter the	name	of the new reg
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office : ess here: Christy Stross			name	of the new reg
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office : ess here: Christy Stross	venue			

wew Registered Agent's Signature, it 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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Jeff Dotson	2720 Broadway Center Blvd	
		Brandon, Florida 33510	□Remove
			≘ Change
MGR	Vince Julien	2720 Broadway Center Blvd.	
		Brandon, Florida 33510	□ Remove
			= Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			
			□Remove
			Change
			□ Add
			□Remove
			□Change

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Dated	rec d is	filed.
Dated		
Signature of a member or authorized representative of a member	ato	ed August 26, 2020
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		Signature of a member or authorized representative of a member
		1 - ()