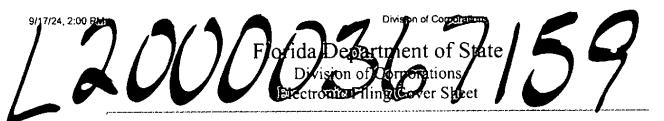
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000316678 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KATZ BARRON Account Number : 072627002473 : (305)856-2444 Phone Fax Number : (305)860-2588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

		adam@katzbarron.com	
Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENTURY MIDTOWN CLUB AND FITNESS CENTER, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

K. SALY SEP 1 8 2024 H24000316678 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Century Midtown Club and Fitness	Center, LLC			
(Name of the Idm)	ted Liability Compa (A Florida Limited I	ny as it dow appears on our limbility Company)	ceords")	
The Articles of Organization for this Limited L Florida document number L20000367159 This amendment is submitted to amend the following the control of the c	··································	were filed on December 2	and assigned	
A. If amending name, enter the new name of		ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.C.C."	
Enter new principal offices address, if applicable:		645 Madeira Avc.		
(Principal office address MUST BE A STREE		Coral Gables, FL 33134		
Enter any mailing address if applicable:	new mailing address, if applicable: 645 Madeira Ave. Coral Gables, FL 33134			
(Mailing address MAY BE A POST OFFICE				
treating sparry and the sparry and t	, 			
B. If amending the registered agent and/or agent and/or the new registered office addresses	ss here:	address on our records, ;	enter the name of the new registered	
Name of New Registered Agent:	egistered Office Address: 645 Madeira Avc.			
New Registered Office Address:				
		Enter Florido street	address	
	Coral Gables		Florida 33134	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	1		
I hereby accept the appointment as register provisions of all statutes relative to the projection as registers the obligations of my position as region being filed to merely reflect a change in the	oer and complete vistered avent as	t perjormance of my auti provided for in Chapter	605, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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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	Name	Address	Type of Action
MGR	Sergio Pino	1805 PONCE DE LEON BLVD., #100	🗀 Add
		Coral Gables, FL 33134	≘Remove
			☐Change
MGR	Joseline Pereira	1805 PONCE DE LEON BLVD., #100	DAdd
		Coral Gables, FL 33134	≅ Remove
			D'Change
MOR	Nancy Pastor	645 Madeira Ave.	[□ Add
		Coral Gabies, FL 33134	□ Remove
			EChange
			□ Add
			DRemove
			- Change
			UCIENÇE
			DAdd
			□ Remove
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Tective date, if other than	the date of fel	ing:		(opt	ional)	<i>(64 0</i> 000 (3)
m effective date is listed, the dat ote: If the date inserted in the	ais block does no	t most the applic	able statutory filt	nme four 90 days and ng requirements, th	r ning.) runnant to is date will not be	listed as the
ocument's effective date on (he Department of	f State's records.				
record specifies a delayed eff is filed.	ective date, but o	iot an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day i	after the
September 16		2024	<u></u> •			
<u> </u>	Signature of	a member of both	orized representativ	e of a member		-

Filing Fee: \$25.00