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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOX ROTHSCHILD LLP

Account Number : 120130000024 Phone : (215)299-2162

; (215)299-2150 Fax Number

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

Email	Address.	imiranda@foxrothschild.com	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NTS GYMNASTICS TRAINING CENTER LLC

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From: Miranda, Jessica T.

2021-08-23 13:24:29 EDT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NTS Gymnastics Training Center LLC	20 7A	
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our record linhibity Company)	21 AUG
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000206224</u> .	and assigned	
This amendment is submitted to amend the following:	PHI2:4	
A. If amending name, enter the new name of the limited liab	ility company here:	무리 무리
	V. C	"or the abbreviation "L. C."
The new name must be distinguishable and contain the words "Limited Liabi		(if the above viation is a.e.c.)
Enter new principal offices address, if applicable:	23204 Bentley Place	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33433	
Enter new mailing address, if applicable:	23204 Bentley Place	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33433	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter	the name of the new registered
New Registered Office Address:		
	Enter Florida street address	
		orida
	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 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
AMBR	Maria Teresa De La Flor Musso	23204 Bentley Place	
		Boca Raton, FL 33433	□Remove
			<b>≡</b> Change
			□Remove
			Change
			□Add
			□Remove
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		A-2	
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			□Add
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			DChange

From: Miranda, Jessica T.

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Effective date, if other	the date must be speci	itic and cannot be prior to date :	of filing or more than 90 days a	ifter filing.) Pursuant to 605.02	207 (3
Note: If the date inserte	ed in this block does	s not meet the applicable sta	itutory filing requirements,	this date will not be listed	as the
document's effective da	te on the Departmen	nt of State's records.			
he record specifies a delay	yed effective date, b	out not an effective time, at	12:01 a.m. on the earlier of	t (b) The 90th day after t	he
ord is filed.					
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Dated		2021	7		
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Typed or printed name of signee