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S & C Fitness				
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are subt	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
	c/o Melinda K. Deaton, Par	ralegal		
		Name of Person		
	Stagnaro, Saba & Patterson	ı Co., LPA		
		Firm/Company		
	7373 Beechmont Avenue			
		Address		
	Cincinnati, Ohio 45230			
		City/State and Zip Code		
	mkd@sspfirm.com	to be used for future annual	I ranget notification)	
			report nouncation)	
For further information cor	ncerning this matter, please or	311:		
Lisa M. Rammes, Esq.		513 53 at ()	33-2724 	
Name of I	Person	Area Code	Daytime Teleph	ione Number
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	£ ,	Street A	Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & C Fitness VII, LLC	
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company were filed on June 11, 2021 Florida document number L21000273649	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
S&C Fitness VII, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
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, ente	er the name of the new regis
agent and/or the new registered office address here:	
	•
Name of New Registered Agent:	
	-m3 12:5
New Registered Office Address: Enter Florida street address	ress 15%
Enter 1 to the server accounts	3
	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.

DocuSign Envelope ID: 1048F005-C179-43F4-A98F-F6C694E3EA3B in amending Authorized rerson(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>	Name	Address	Type of Action
			□Add
		□Remove	
			Change
		□ Add	
			□Remove
			□ Change
			□ Add
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<u>Note:</u> If the date	f other than the date of slisted, the date must be specificated in this block does tive date on the Department.	s not meet the app	licable statutor	g or more than 90 y of filing requirem	(optional) days after filing.) Pur ents, this date will	suant to 605,0207 (not be listed as t
record specifies d is filed.	a delayed effective date.	out not an effective	e time, at 12:01	a.m. on the earl	er of: (b) The 90	th day after the
June June	8/9/2021		OccuSigned by:			
			pocusigned by: Lase Whitehe			
	Signatu	re of a member or a	hhbhled fentese	ntative of a membe	er	
		\triangle	Whiteh	(

Filing Fee: \$25.00