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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904)356-2600
Fax Number : (904)355-2233

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

Email Address: gshivers@navitascredit.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

JG FITNESS DAYTONA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

FILED
2021 AUG 16 AM 11:15
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TALLAHASSEE, FLORIDA

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STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: JG FITNESS DAYTONA, LLC

SECOND: The Florida Document number of the limited liability company is: L21000298127

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

Signature of Authorized Representative — Date: 07/09/2021

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Signature of new registered agent, if applicable (if NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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

Registered Agent's Signature

Filing Fee:	**$25.00**
Certified Copy:	**$30.00 (optional)**

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EXHIBIT A

ARTICLE VI: Article VI lists incorrect addresses for Managers Chad Smith, James Drake and Alison Skean. The correct addresses for all Managers are as follows:

Gary Shivers
3169 La Reserve Drive
Ponte Vedra, Florida 32082

Chad Smith
250 Palm Coast Parkway NE
Suite 607-504
Palm Coast, Florida 32137

James Drake
205 Woody Creek Drive
Ponte Vedra Beach, Florida

Alison Skean
62 Constance Lane
St. Augustine, Florida 32095

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