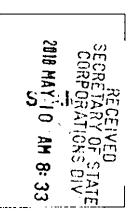
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	State of Rhode Island and Providence Plantations Department of State - Business Services Division
	es of Amendment STIC Limited Liability Company
→Filir	ng Fee: \$50.00

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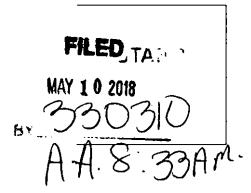
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Pursuant to the provisions of RIGL <u>7-16-12</u> the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. Entity ID Number:	2. The name of the limited liability company i	S			
001682695	A J K FITNESS LLC				
 If the entity's name is changing, state the new name: 	FIVE DIAMOND REAL ESTATE LLC				
		Check the box to indicate no change			
4. If the principal office address of the entity is changing, complete the following section:					
·····		Check the box to indicate no change 🖌			
5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY					
Perpetual (on-going)					
Date certain for dissolution	Check the box to indicate no change 🗹				
6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY					
Partnership or					
A corporation or					
Disregarded as an entity separate from its member(s) Check the box to indicate no char					
7. If the management structure is c	hanging, complete the following section:				
The Limited Liability Company is to	be managed by: CHECK ONE BOX ONLY				
Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.)					
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



MANAGER	ADDRESS	
	I	Check the box to indicate no change 🔀
8. If adding or amending	g additional provisions, complete the followin	g section:
9 As required by PIGL	7-16-67, the entity has paid all fees and taxe	Check the box to indicate no change
	icles of Amendment will be effective: CHECK	
✓ Date received (Upo	n filing)	
Later effective date	(Date must be no more than 30 days from th	e date of filing)
	, I declare and affirm that I have examined th ents, and that all statements contained herein	
Type or Print Name of Limit		Date
-	itness LLC	May 9, 2018
Signature of Authorized Pe		-ERE



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

May 10, 2018 08:33 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

