Division of Corporations

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

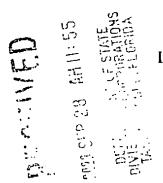
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:\_\_\_\_\_



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUST FITNESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just Fitness LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on 01/14/19 and assigned
Florida document number L19000015321	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
Micro Fitness LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LEC" or the abbreviation "LEC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	E.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addre	ss on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
(	ity Zip Code
New Registered Agent's Signature, it changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office addressing that been notified in writing of this change.	rmance of my duties, and I am familiar with and led for in Chapter 605, F.S. Or, if this document is

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To 18506176383

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From Registered Agents Inc.

Fax. 8134365206

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

<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than th	re date of filing:		(optional)
(If an effective date is listed, the date in	ust be specific and cannot be pri block does not meet the appl	licable statutory filling require	0 days after filing.) Pursuant to 605,0207 ments, this date will not be listed as
ord is filed.			irber of: (b) The 90th day after the
Dated September 28th	2023		
	-61	•	

Typed or printed name of signee