L22000532734

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COVER LETTER

TO: Registration So Division of Co	ection . rporations		•	
CDL PERS	SONAL TRAINING LLC			
3000EC1	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ENZO RUBEN SEGUI			
		Name of Person		
	CDL PERSONAL TRAIN	NING LLC		
		Firm/Company		
	1750 N BAYSHORE DR	APT 2611		
		Address		
	MIAMI, FL 33132			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	enzosegui@gmail.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
ENZO RUBEN SEGUI		954 756 0878 		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S		<u>Street Address:</u> Registration So	ection	
Division of C	orporations	Division of Co	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee, I	*L 32314	2415 N. Monro	oe Street, Suite 810	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
	(A Florida Elimited Elability Company)	
The Articles of Organization for this Limited I		/2022 and assigned
lorida document number L22000532734	·	
This amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name	of the limited liability company here	:
AACADEMY LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	EBOX)	
3. If amending the registered agent and/or		ords, enter the name of the new regis
gent and/or the new registered office addre	<u>ess nere</u> :	
Name of New Registered Agent:	CONFIDENT TAX, LLC	
New Registered Office Address:	420 SW 7TH STREET SUITE 1019	<i>:</i>
New Registered Office Address.	Enter Florida	street address
	MIAMI	, Florida 33130
	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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
		 	□Add
			□Remove
		-	□Change
			□Add
			Remove
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ffectiv	e date, if other than the date of filing: (optional)
an effe <u>lote:</u>	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to account to the date on the Department of State's records.
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
, , ,	0/13/2023
ated _	·
	Signature of a member or authorized representative of a member

Typed or printed name of signed