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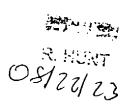
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COVER LETTER

Division of Corporations Healthy Heart Fitness, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Brian T Landry Name of Person Healthy Heart Fitness, LLC Firm/Company 1448 SE 19th Street Address Cape Coral, FL 33990 City/State and Zip Code landry.brian76@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brian T Landry 808 645-0873 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Healthy Heart Fitness, LLC | | | |
|---|---|--|---|
| (Name of the Limit | <u>ed Liability Compa</u> (A Florida Limited I | iny as it now appears on our records.) Liability Company) | _ |
| The Articles of Organization for this Limited Li Florida document number <u>L23000357226</u> | iability Company | were filed on July 28th, 2023 and | l assigned |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | |
| The new name must be distinguishable and contain the w | ords "Limited Liabil | lity Company," the designation "LLC" or the abbreviation | n ≒ .C. √Z, |
| Enter new principal offices address, if applicable: | | 1448 SE 19th Street | SHOW SHOW |
| Principal office address MUST BE A STREET ADDRESS) | | Cape Coral, FL 33990 | - \ -\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Enter new mailing address, if applicable: | | P.O. Box 150244 | PM 12: 41 |
| (Mailing address MAY BE A POST OFFICE BOX) | | Cape Coral, FL 33915 | -O- 3: |
| 3. If amending the registered agent and/or r egent and/or the new registered office addres | | address on our records, enter the name of the | new registe |
| Name of New Registered Agent: | Brian T Landry | , | |
| New Registered Office Address: | 1448 SE 19th S | Enter Florida street address | |
| | Cape Coral. | 27000 | |
| | Cape Corar. | , Florida 33990 | ode |

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 |
|--------------|----------------|---|-----------------------|
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| Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department. | specific and can does not meet | t the applical | | | | g.) Pursuant to | |
| record specifies a delayed effective da d is filed. | te, but not an | effective tim | nc, at 12:01 a | .m. on the ear | lier of: (b) T | he 90th day | after the |
| Dated August 18th | | 2023 | <u> </u> | | | | |
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Filing Fee: \$25.00