L04000049397

| | (Requestor's Name) | <u> </u> |
|-------------------------|--------------------------|--------------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| | (Business Entity Name) | |
| | (Document Number) | |
| e titled Copies | _ Certificates of | Status |
| Sceoial Instructions to | Filing Officer: | |
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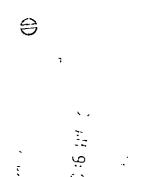
Office Use Only



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COVER LETTER

| TO: Registration Sec Division of Corp | | | et e e e e e e e e e e e e e e e e e e |
|--|--|---|--|
| CUBIECT. | | NESS WEST, LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspor | dence concerning this matter | to the following: | |
| Hw: | STACY SMALL | | |
| | | Name of Person | |
| | SMITH THOMPSON SHA | Address Lett | er to |
| | | Firm/Company | |
| | 3520 THOMASVILLE RO | OAD - 4TH FLOOR | |
| | | Address | |
| | TALLAHASSEE, FL 3230 | 09 | |
| | | City/State and Zip Code | |
| | jimmburtoft11@gmail.com | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information co | ncerning this matter, please c | all: | |
| STACY SMALL | | 850 893-4105 | |
| Name of | Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | e 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 Address | | Street Address: | |
| Registration S Division of Co | | Registration Se Division of Cor | |
| P.O. Box 632 | | The Centre of T | |
| Tallahassee, F | | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JAN -9 AM 8: 59

| | D & J FITNESS WEST, LLC | C | SIMULATAS (EV. A) | |
|---|--|---------------------------------------|--|--|
| (Name of the Limite | d Liability Company as it now A Florida Limited Liability Com | appears on our reco pany) | rds,) | |
| The Articles of Organization for this Limited Lie Florida document number L04000049397 | ability Company were filed | on07/01/2004 | and assigned | |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liability compa | any here: | | |
| The new name must be distinguishable and contain the we | ords "Limited Liability Company | ," the designation "L | LC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applica | ıble: | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE II B. If amending the registered agent and/or reagent and/or the new registered office address | egistered office address on | our records, <u>ent</u> | er the name of the new registered | |
| Name of New Registered Agent: | JIMMY BURTOFT | | | |
| New Registered Office Address: | 974 HIAWATHA FARMS ROAD | | | |
| | Eı | iter Florida street add | | |
| | MONTICELLO City | | Florida 32344 Zip Code | |
| New Registered Agent's Signature, if changing F | | | гар Соце | |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | er and complete performa stered agent as provided f registered office address, i | nce of my duties, or in Chapter 60 | and I am familiar with and 5, F.S. Or, if this document is | |

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> | Name | Address | Type of Action |
|--------------|------------------|----------------------|----------------|
| | PATRICK SULLIVAN | 760 E WASHINGTON ST | |
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| ective date, if other than the date of filing effective date is listed, the date must be specific ate: If the date inserted in this block does not turnent's effective date on the Department of | and cannot be prior t meet the applic | to date of filing able statutory | or more than 90 | | ig.) Pursuan | |
| | | | | | | |
| cord specifies a delayed effective date, but n s filed. | ot an effective t | ime, at 12:01 a | ı.m. on the ear | lier of: (b) | The 90th da | ay after th |
| JANUARY 4 | 2023 | | | | | |
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| FA | a member or auth | orized represen | tative of a memi | ег | | |

Filing Fee: \$25.00