L09000006433

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
P WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
s to Filing Officer:

Office Use Only



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Y. SCOTT
JUN 2 4 2023





May 13, 2023

ONYEDIKACHI IBEJI 7380 SW 27TH PLACE APT 2901 DAVIE, FL 33314

SUBJECT: TIGHT'N UP FITNESS, LLC

Ref. Number: L09000006933

We have received your document for TIGHT'N UP FITNESS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

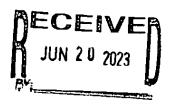
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 623A00010940



Cover Letter

Return Address:

Onyedikachi Ibeji
 7380 SW 27th Place, Apt 2901,
 Davie, Fl 33314

Daytime Phone:

• (954) 939-1101

FILED

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SECRETARY COESTATE

COVER LETTER

TO: Registration So Division of Cor			
	Fitness, LLC		
SUBJECT:	Name of Lin	nited Liability Company	 .
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Onyedikachi Ibeji		
		Name of Person	
	Tight'N Up Fitness, LLC		
		Firm/Company	20
	4624 Hollywood Blvd, ST	TE 202	2023 JUN 23
		Address	2
	Hollywood, Fl 33021		· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code	PH 2: 08
	STARTER479@GMAIL.C		· 08
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not	ification)
Onyedikachi Ibeji	oncesting this matter, preuse e	954 939-1101	
	of Person	at ()	ne Telephone Number
Name	it i cisuli	Area Coue Dayan	ne reiephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee
Tallahassec.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tight'N Up Fitness, LLC						
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	any as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Liab	oility Company	were filed on 1/21/09		and	l assigned	
florida document number L09000006933	·					
his amendment is submitted to amend the follow	ving:					
a. If amending name, <u>enter the new name of t</u>	he limited liab	oility company here:				
Dnyx Fitness Therapy, LLC						
he new name must be distinguishable and contain the wor	ds "Limited Liabi	ility Company," the designation	n "LLC" or the abb	reviatio	n "L.L.C."	
Inter new principal offices address, if applicat	ole:	4624 Hollywood Blvd				
Principal office address MUST BE A STREET ADDRESS)		STE 202		~2		
-		Hollywood, Fl 33021	FIG.	0 23	424	
inter new mailing address, if applicable:		4624 Hollywood Blvd	(-1-2-1) (-1-2-1) (-1-2-1)	JUN 23	F	
Mailing address MAY BE A POST OFFICE BE	STE 202	, 5 171	PM	7 5 2		
Tuning autress Mill DE AT OST OFFICE DO	<u> </u>	Hollywood, Fl 33021	inos Fact	3	5	
			": <u></u> ; 11	9		
. If amending the registered agent and/or reg gent and/or the new registered office address	<u>here</u> :		enter the name	of the	new regist	
Name of New Registered Agent:	Dr. Onyedikachi Chigoziri Ibeji					
New Registered Office Address:	4624 Hollywoo					
		Enter Florida street	address			
	Hollywood		, Florida <u>330</u> 2			
		City		Zip C	nde	

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
			12 Remove
			
		-	□Remove
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If the dat	le inserte	d in this blo	ck does not	meet the appl	icable stati	filing or more that atory filing rec	nan 90 days a puirements,	ifter filing. this date) Pursua will no	nt to 605. t be liste
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	s a delay	ed effective	date, but no	ot an effective	time, at 13	2:01 a.m. on th	e earlier of	(b) Th	ne 90th (day after
led.										
	//	10/	202	<u> </u>						
	/-		202	-						
			Signature of a	member or au	thorized rep	resentative of a	member	. <u>. </u>		

Filing Fee: \$25.00