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Certified Copies	_ Certificates	of Status
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## COVER LETTER

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SHRIECT:	Sant	Fitness Initio	itize LL(	
3018ECT		Name of Lin	ited Liability Company	
The orelosed A	rticles of Ame	endment and fee(s) are sub	amitted for filing	
			_	
Please return al	l corresponde	nce concerning this matter	to the following:	
		Marked 7 H	is for	
	-	programe 5	Name of Person	
	-	Sumet Fitn	ess Initiative LL(	·
			byte Rd 147 Address	
			Address	
	_	Lutz Fl	33558	
		Suretto Fress @ E-mail address:	Jahou. Conto be used for future annual report in	otification)
For further info	rmation conc	erning this matter, please o	all:	
Michael.	J Huskr		at ( <u>\$13</u> ) 399 Area Code Dayı	5029
	Name of Per	son	Area Code Days	time Telephone Number
Enclosed is a cl	heck for the fo	dlowing amount:		
\$25,00 Fili		☐ \$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)
<u>Mailin</u>	ng Address:		<u>Street Address:</u>	
Regis	stration Sect		Registration (	
	ion of Corp Box 6327	orations	Division of C The Centre o	
	hassee, FL	32314		roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sumet Fitness Initiative Co	<u>(</u>		
Sumet Fitness Initiztive ()  Name of the Limited Liability Comp (A Florida Limited	pany as it now appears of Haability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compan			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	<u>2</u> :	
Move Mechanics LLC The new name must be distinguishable and contain the words "Limited Liab			
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the desi	ignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			, . , <u></u>
(Mailing address MAY BE A POST OFFICE BOX)			,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			<del></del>
New Registered Office Address:			<u></u>
	Enter Florid	a street address	
		. Florida	
	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 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	Membe

<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			☐ Change
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ffective date, if other that an effective date is listed, the de lote: If the date inserted in tocument's effective date on	ite must be specific and this block does not m	cannot be prior to leet the applicab	date of filing or m	ore than 90 days att	tional) er filing.) Pursuant t his date will not b	o 605.0207 ( e listed as t
record specifies a delayed el Lis filed.	Tective date, but not a	an effective time	e. at 12:01 a.m. (	on the earlier of:	(b) The 90th day	after the
ated March 20  Nythol	·	3031	<u>.</u> ·			
MM Head	F					<del></del> -
<del></del>	Signature of a n  J Huster	nember or authori	zed representative	of a member		

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