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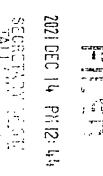
(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
Q. SILAS	
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COVER LETTER

TO:

Registration Section

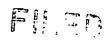
Tallahassee, FL 32314

Division of Cor	porations		e de la companya de
A	g Fitness, LLC	.)
SUBJECT:	Name of Lim	ited Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Benjamin K Graves		
		Name of Person	
	Reinventing Fitness, LLC		
		Firm/Company	
	505 Hazel Ct		
		Address	
	Orlando/FL 32804		
		City/State and Zip Code	 .
	benkgraves@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Benjamin K Graves		407 625-8965 at ()	
Name o	f Person	Area Code Daytin	nc 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 Address		Street Address:	antia m
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Reinventing Fitness, LLC

2021 DEC 14 PH 12: 44

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 19, 2012 and assigned Florida document number L12000038203. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: College Park Fitness Studio, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___, Florida ___ City

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
			□Change
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		-	🗆 Remove
			□Change
			□ Add
			□Remove
			∏Change

feetive date, if other than the date of filing:		
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	.ed	December 09, 2021.
Signature of a member or authorized representative of a member		
		Being aim it. K Graves Typed or printed name of signee