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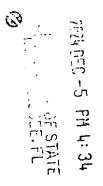
(Requestor's Name)
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☐ PICK-UP ☐ WAIT ☐ MAIL
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COVER LETTER

TO: Registration Se Division of Cor			
	ESS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GREG HARDEE		
		Name of Person	
	GMJ FITNESS, LLC		
		Firm/Company	
	788 SOUTH 6TH STREE	Т	
		Address	S 60
	MACCLENNY, FL 320	63	2024 DEC
	-	City/State and Zip Code	
	GHARDEE@ME.COM	to be used for future annual report notifica	
For further information of	e-man address: concerning this matter, please c	·	UF STATE
	oncerning this matter, prease c		FATE 34
GREG HARDEE		904 563-3817 at ()	<u> </u>
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	he following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(3 \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Secti	on
Division of C		Division of Corpo	

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMJ FITNESS		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L12000054478</u>	mpany were filed on 04/23/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LEC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	····
		6 9 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MELINDA KIRKLAND	788 SOUTH 6th STREET MACCLENNY, FL.	
			□Remove
			🗆 Add
	·	□Remove	
		·	□Change
			UAdd → Li
		□Remove	
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ective date, if other than (he date of filing:	(optional)
effective date is listed, the date	nust be specific and cannot be prior to date of filing	g or more than 90 days after filing.) Pursuant to 605.0, filing requirements, this date will not be listed
	Department of State's records.	
word specifies a delayed effe s filed.	tive date, but not an effective time, at 12(0)	a.m. on the earlier of: (b) The 90th day after t
	-0-4	
12/03 led	2024	
	Signature of a member or authorized represen	
	Signature of a member or authorized represen	ntative of a member

Filing Fee: \$25.00