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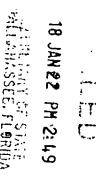
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JAN 23 ZOIS Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporati	ons	• 37	
SUBJE	CT:	Name of Limit	MOVEMENT ed Liability Company	LLC
The end	closed Articles of Amend	Iment and fee(s) are subn	nitted for filing.	
Please i	eturn all correspondence	concerning this matter to	o the following:	
	_	PAMELA	Osnjenovi C Name of Person	
			Firm/Company	
		7085	AIA S. Address	
	<u>-</u> -	St. Augu Ognjob E-mail address: (10	City/State and Zip Code 230 be South. Ne	co 80
For furt	her information concern	ing this matter, please cal		,
PA	mela Osp Name deporso	jenovic_	at (904) 401 Area Code Daytime	- 6623 Telephone Number
Enclose	ed is a check for the follo	wing amount:		
j X \$ 25	5.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYNT	MOVEMENT LL	_C
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number <u>L12000964</u>	ility Company were filed on7 96	26/2012 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet 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 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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ective date, if other than the date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605.02
ite: If the date inserted in this block does not meet the applicable statuto cument's effective date on the Department of State's records.	ory filing requirements, this date will not be listed
cultion 3 effective date on the Department of State 3 records.	
record specifies a delayed effective date, but not an effective	ctive time at 12:01 a.m. on the earlier
The 90th day after the record is filed.	ceive time, de 12.01 dim. on the comer
January 19	
January 19 119 2018, 2018.	
	•

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Typed or printed name of signee

Filing Fee: \$25.00