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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Deep Impact Fitness LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gruy Adler Michel Name of Person
Deep Impact Fitness, LLC Firm/Company
10350 Brookville Lane
Boca Raton FL 33428
Boca Raton FL 33428 City/State and Zip Code info@guyamichel. Com E-mail addless: (to be used for future annual report notification)
For further information concerning this matter, please call:
Suy Michel at (786) 554-9608 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

Deep Impact Fitness, LL (Name of the Limited Liability Company (A Florida Limited Liab	C				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea bility Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L13000037024</u> .		3/11/13	<u></u>	_ and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability A. Michel Enterprise, L. The new name pust be distinguishable and contain the words "Limited Liability	C		or the abbrev	viation "L	.L.C."
Enter new principal offices address, if applicable:		Brookville Raten FL			
(Principal office address MUST BE A STREET ADDRESS)	PULA	Major 1C	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECRENTALIAMA	2019 AUG - 9	(Mary)
B. If amending the registered agent and/or registered officeregistered agent and/or the new registered office address here:	ce address o	n our records,	enter-the	P	of the nev
Name of New Registered Agent:					
New Registered Office Address:	Enter Ele	orida street address			
	Line, File		• •		
· · · · · · · · · · · · · · · · · · ·	City	, Floi	rida	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

tle	Name	Address	Type of Action
			Remove
			Change
			Remove
			Change
 			Add
_		□ Remove	
			Change
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			Change

v.	
	<u> </u>
f an effee Note: If	e date, if other than the date of filing:
The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _	August 5, 2019
	Signature of a member or authorized representative of a member
	Guy A. Michel Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00