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COVER LETTER

	Registration Se Division of Cor			
CLID INC		e Holdings LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Jorden Gold		
			Name of Person	
		Stretch Zone Holdings LL0	C	
			Firm/Company	
		1500 Cordova Road, #224		
			Address	
		Fort Lauderdale, F1, 33316	1	
			City/State and Zip Code	
		jgold@stretchzone.com		
		E-mail address: (to be used for future annual report	notification)
For furthe	er information c	oncerning this matter, please ca	all:	
Jorden G	old		786 546-465	
	Name o	t Person	Area Code Da	ytime Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

Stretch Zone Holdings LLC		
(Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited I Florida document number L15000056092	iability Company were filed on	March 30, 2015 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	<u>y here</u> :
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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the ne
Name of New Registered Agent:	Jorden Gold	
New Registered Office Address:	1500 Cordova Road, #224	
	Enter	Florida street address
	Ft. Lauderdale	Florida 33316
	Ciţy	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
MGR	Michael S. Bush	1500 Cordova Rd #204	
		Ft. Landerdale, FL 33316	■ Remove
			Change
			☐ Remove
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			D Add
			☐ Remove
			Add Add To Remove
			☐ Change
			□ Add
			□ Remove
		·	□ Change
			☐ Remove
			☐ Change

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