L15000099057

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COVER LETTER

Division of Corporations		en en
SUBJECT: Physique Find	ess training studio, of Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Julie	Name of Person	
physique	Firm/Company	Studio LLC
3297 TO	ampa Rad	<u></u>
Palm Ha	City/State and Zip Code	
Phteam C E-mail add	DONFITAYM . (OM lress: Yto be used for future annual report notific	cation)
For further information concerning this matter, ple	ease call:	
Sylie Riz (0) Name of Person	at (1)7) 4)1-5 Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee & Certificate of State		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on September 1 Florida document number <u>L 1500009905.7</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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 Address 2773 00 -5 PM 12: 32 Type of Action Title Name 3297 Tampa Road DAdd MGB Deana Spurgeon Palm Harbor, FL 34684 *Remove _____ Change MGB Anthony Longworth 312 Lagoon Drive grade Palm Harbor, FL34683 DRemove _____ □Change ĎAdd ☐ Change _____ □Change _____ □Change

______ □ Change

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rective date, if other than the date of filing: Specific and cannot be prior to date. If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.0207
ecord specifies a delayed effective date, but not an effective time, a is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
red <u>September 28, 2020</u> .	
Odli 12	

Typed or printed name of signee