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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT: Nu	trition and Fi	FNESS Pals , Little Liability Company	LLC	_
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Lis	Name of Person		_
		Firm/Company		
	9912	Van Haleaf	St.	
	For-	Lity/State and Zip Code City/State and Zip Code Camcoza acto be used for future annual	L 33919	
	E-mail address: (to be used for future annual	report notification)	-
For further information con	cerning this matter, please ca	аИ;		Ţ.
L 15a Name of 1	Kiel Person	at (<u>253</u>) Area Code	365 · 1884 Daytime Telephone Num	iber
Enclosed is a check for the	following amount:			
▼ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end	Certification Ce	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
Mailing Address: Registration Se Division of Co		•	ddress: ation Section on of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nutrition and Fitness	Pals, LLC
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)
The Articles of Organization for this Limited Liability Company were file Florida document numberL 16 0002 07378	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
Transi Hons Medic The new name must be distinguishable and contain the words "Limited Liability Compa	al Exercise, LLC. ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7/a
(Principal office address MUST BE A STREET ADDRESS)	
Catanana and the address of applicables	
Enter new mailing address, if applicable:	7
(Mailing address MAY BE A POST OFFICE BOX)	2)
 -	.,
B. If amending the registered agent and/or registered office address of	n our records, enter the name of the new registered
agent and/or the new registered office address here:	
	<u>.</u>
Name of New Registered Agent: h/a	
New Registered Office Address:	
	Inter Florida street 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 provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	ance of my duties, and I am familiar with and for in Chapter 605, F.S. Or, if this document is

n/a
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>	<u>Address</u>	Type of Action
			□ Add
			
			□ Remove
			Change
			□Add
			□Remove
			□ Change
			☐Change
			Add
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			$ \mathcal{J} $
			□Add
			□Remove
			☐ Change
			□Add
		<u>.</u>	□Remove
			Change
			. J. Cikinge
			□ Add
			□Remove
			□Change

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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0 equirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on filed.	the earlier of: (b) The 90th day after
d Jan 23 2023 Lia M Liel	
Signature of a member or authorized representative of	a member