L16000231844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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MAR 18 2021

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: #YourGirlWantMeFitness, 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:

Andre Hayes
Name of Firm

First Name

1073 S Hiawassee Rd. Apt. 1023
Address

Orlando, FL 32835
City/State/Zip Code

AllGoodSweat@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Andre Hayes at 336 - 354-9327
Name of Person Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee ☐ $30.00 Filing Fee & Certificate of Status ☐ $55.00 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 Address:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF [illegible]
OF

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#YourGirlWantMeFitness, LLC
(Name of the Limited Liability Company as it appears on its records)
(ALL CAPITAL LETTERS)

The Articles of Organization for this Limited Liability Company were filed on 12/27/2016 and assigned Florida document number L16000231844

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AllGoodSweat, LLC
The new name must be distinguishable and contain the words required by 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 record, 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:
(Street Address)

[illegible] Florida
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent pursuant to s. 608.507, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I confirm that the limited liability company has been notified in writing of this change.

[illegible] Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage [illegible] name and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

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Title	Name		Type of Action
_____	_____		☐Add
			☐Remove
			☐Change
_____	_____		☐Add
			☐Remove
			☐Change
_____	_____		☐Add
			☐Remove
			☐Change
_____	_____		☐Add
			☐Remove
			☐Change
_____	_____		☐Add
			☐Remove
			☐Change
_____	_____		☐Add
			☐Remove

D. If amending any other information, enter change(s) here:

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E. Effective date, if other than the date of filing: _____ (Optional)

(If an effective date is listed, the date must be specific and cannot be [illegible] pursuant to 605.0207 (3)(b), F.S.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective [illegible] the 90th day after the record is filed.

Dated January 26, 2021

Signature of a Person Authorized [illegible]

Andre Hayes

Typed or Printed [illegible]