

L16000231844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

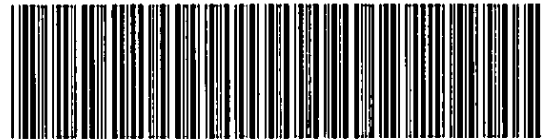
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2021 FEB -1 AM 7:14

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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 Person

Firm/Company

1073 S Hiawasse Rd Apt 1023
Address

Orlando, FL 32835
City/State/Zip Code

AllGoodSweet@gmail.com
E-mail address (to be used for notification of action taken)

For further information concerning this matter, please call:

Andre Hayes
Name of Person

at 336-354-9327
Ext. No. / Phone 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 (noted)

☒ \$55.00 Filing Fee,
Certificate of Status &
Certified Copy
(all of the above is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
Tallahassee, FL 32314
2115 N Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Your Girl Want Me Fitness, LLC

(Name of the Limited Liability Company as it appears on its Certificate of Organization)

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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:

All Good Sweat, LLC

The new name must be distinguishable and contain the words "limited liability company" or the abbreviation "LLC."

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 as 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:

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 filing of this document and accept the obligations of my position as registered agent as set forth in the Florida Statutes. If this document is being filed to merely reflect a change in the registered office address, I hereby certify that the limited liability company has been notified in writing of this change.

Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

☐ 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: _____

(If an effective date is listed, the date must be specific and cannot be

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

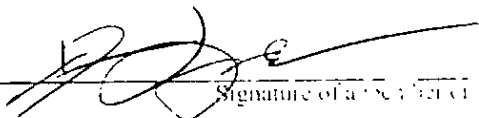
(Optional)

Day 12 - 605.0207 (3)(f) - If the date is not listed as the

If the record specifies a delayed effective date, but not an effective date, the record is filed.

Day 12 - 605.0207 (3)(f) - If the date is not listed as the

Dated January 26, 2021


Signature of a Secretary of State

Andre Hayes

Type of Office