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COVER LETTER

Division of Corporations
SUBJECT: Thusian fitness, 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:
Candace Harringrine Name of Person
Illusion Fitness, LLC Firm/Company
3390 Pinewall Drive N Apt 1012
McGarle, FL 33063 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candace Harringine at (954) 591-0976 Name of Person at (954) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$ (additional copy is enclosed) \$\text{\$= \$60.00 Filing Fee,}\$ \$\text{Certified of Status & Certified Copy}\$ (additional copy is enclosed)

TO:

Registration Section

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

TILL OF STREET

The Articles of Organization for this Limited Liability Company were filed on December 21, 20 and assigned Florida document number 10000233474. 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 "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)	d
Florida document number	A
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)	number <u>L16 000 L33 474</u> . Is submitted to amend the following: ame, enter the new name of the limited liability company here: de distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." pal offices address, if applicable: ddress MUST BE A STREET ADDRESS) g address, if applicable:
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B. If amending the registered agent and/or registered office address on our records, enter the name of	he new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
City 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

MGR = Manager AMBR = Authorized Member **Title Name Address Type of Action** Mar Chiyembekeza, Alana 870 Gazetta Way Madd West Palm Beach, FL 33413 Remove ☐ Change HGR Chime Beakers, Alara 870 Gazeta Way DAdd
West Malm Blach, FL 32413 Change □ Remove □ Remove ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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Filing Fee: \$25.00