Division of Corporations

8/29/24, 9.28 AM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELO ENIERPRISES, INC

Account Number : I20150000109 : (561)544-8862 Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

sales@eloenterprises.us Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FITNESS OM LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

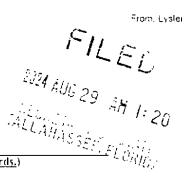
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Corporate Filing Menu

Help

K. SALY AUG 3 0 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



FITNESS OM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited | Liability Company | were filed on $\frac{02/24/7}{2}$ | 2017 and assigned |
|--|--|-----------------------------------|--|
| Florida document number L17000044473 | | | |
| This amendment is submitted to amend the fo | llowing: | | |
| A. If amending name, enter the new name | of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the | anazda et indred i i dati | in Community of the Angles | and of LOW and a should also with Com- |
| he new name must be distinguishable and comain the | words Timiled Liabili | ity Company, the design | nation LLC. of the appreviation 17.17.C. |
| Enter new principal offices address, if appl | icable: | | |
| Principal office address MUST BE A STRE | <u>'ET ADDRESS)</u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | 5686 STRADELLA | DRIVE |
| Mailing address MAY BE A POST OFFICE | E BOX) | BOCA RATON, FL 33433 | |
| | ······································ | | |
| | | | - |
| 3. If amending the registered agent and/or | registered office a | ddress on our recor | ds, enter the name of the new registi |
| gent and/or the new registered office addr | | | |
| | | | |
| Name of New Registered Agent: | ELO ENTERPR | ISES, INC. | |
| New Registered Office Address: | 4700 NW BOCA RATON BLVD #202 | | |
| | Enter Florida street address | | treet address |
| | BOCA RATON | | , Florida <u>33431</u> |
| | | 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

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> | Address | Type of Action |
|--------------|-------------------------------|-------------------------|-----------------|
| MGR | Santos Wance De Souza, Felipe | 370 SE 12th St | |
| | | Pompano Beach, FL 33060 | ■ Remove |
| | | | ☐Change |
| MGR | DE MELO PUPPIN, ADRIANA | 5686 STRADELLA DRIVE | |
| | | BOCA RATON, FL 33433 | □Remove |
| | | | ≡ Change |
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| Signature of a member of authorized representative of a member | ADRIAHA PUPPIN (Alig 29, 2024 09:07 E | or) ignature of a member or authorized representativ | ve of a member |
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