

L17 000 094 357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

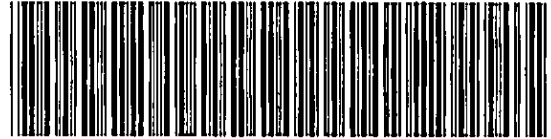
(Business Entity Name)

(Document Number)

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2022 SEP 16 PM 3:16  
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TALLAHASSEE, FL  
R. HUNT

## COVER LETTER

TO: Registration Section  
Division of Corporations

Embody Health and Fitness LLC

SUBJECT: \_\_\_\_\_  
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:

Amanda Sewell

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

344 E Jasmine Dr

\_\_\_\_\_  
Address

Lake Park, FL 33403

\_\_\_\_\_  
City/State and Zip Code

mandisewell13@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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2022 SEP 16 PM 5:18  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Amanda Sewell

561 319-1934

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Embody Health and Fitness 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 4/28/2017 and assigned  
Florida document number L17000094357

This amendment is submitted to amend the following:

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

Momster Strength LLC

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)

344 E Jasmine Dr

Lake Park, FL 33403

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

344 E Jasmine Dr

Lake Park, FL 33403

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2017 SEP 16 PM 5:19  
CLERK OF STATE  
TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, 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:

*Enter 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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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CLERK OF STATE  
TALLAHASSEE, FL  
2025 JUN 16 PM 5:19

2022 SEP 16 PM 5:19  
CLERK OF STATE  
TALLAHASSEE, FL

2022 SEP 16 PM 5:19  
U.S. DEPT OF STATE  
MIAMI, FL 33133

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 8, 2022

Amanda Sewell  
Signature of a member or authorized representative of a member

Amanda Sewell

Typed or printed name of signee