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(Re	questor's Name)	
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COVER LETTER

	Registration Sec Division of Corp			
		Personal Training LLC		
SUBJEC	CT:	Name of Limi		
The encid	osed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Heather Lachance		201627
			Name of Person	
		1M Possible Personal Train	ing LLC	
			Firm/Company	
		2028 28th st n, Suite B		
			Address	
		Saint Petersburg, Florida 33713 City/State and Zip Code		
		heather@impossiblept.com		
		E-mail address: (to be used for future annual report notif	ication)
For furth	her information co	oncerning this matter, please ca	nll:	
Roger N	Aontenegro		727 5379854	
	Name o	l'Person	at () Area Code Daytime	· Telephone Number
Enclosed	d is a check for th	ne following amount:		
≅ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
	Division of C	orperation	Division of Cor	•
	P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT, TO ARTICLES OF ORGANIZATION OF

IM POSSIBLE PERSONAL TRAINING LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
(A Florida Limited I	ability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000144312	were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile MADE POSSIBLE PERSONAL TRAINING LLC	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C." 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)	A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	A
New Registered Office Address:	
	Enter Flbrida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent;	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chan	ging 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

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
		\sim 1 \sim 7 \sim	□Add
		11/4	□ Renюve
			□Change
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			☐ Add
			□ Change
			□Remove
			☐ Change
			□Remove
			□Change

		
		
		
		
 		
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(If an effective date Note: If the dat	if other than the date of filing:	0207 (3 d as th
he record specifie ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated FC3	2020.	
	11 ans IX Du Maane	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00