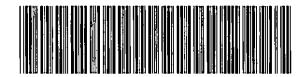
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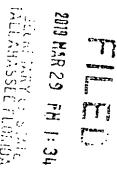
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Jahans Fly & Fit Institute and Sexycuse dar Name of Limited Liability Company Fitne
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jahari F. L. y. Winston Name of Person
Jahan W F. L.y. Institute & Sassifise Cha Firm Company
3226 TAIL Tree Lane
Address  SanDid 71. 3071  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

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

Jahan's Flytht Institute + SexyCise Dance Fith (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 L	iability Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the w	HHUTE & Sassycise C	
Enter new principal offices address, if applic	able:	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Principal office address MUST BE A STREE		52. 29 55. 29
Enter new mailing address, if applicable:		900 <b>3.</b> 1000 <b>3.</b> 1000 <b>3.</b>
(Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>
		···
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our recifice address here:	ords, enter the name of the new
Name of New Registered Agent:	Jahari F.L.V.	Winston
New Registered Office Address:	399 & Burleigh Enter Florida street ac	Blud. P.D. Box &
	Tavares,	. Florida <u>32778</u> Zip Code
New Registered Agent's Signature, if changing I	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 ameading Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
		<del></del>	Change
			□ Remove
			☐ Change
			Remove  Remove  Remove  ALL  Add  PH
			SS Add PA
			Change
			☐ Remove
			□ Change
			Add
		<u> </u>	Remove
			☐ Change

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Signature of a member or authorized representative of a member			

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Filing Fee: \$25.00