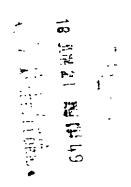
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## COVER LETTER

| TO: Registration :<br>Division of Co |   |  |   |
|--------------------------------------|---|--|---|
| - MZ FIT                             |   |  |   |
| SUBJECT:                             | Name of Lim   | nited Liability Company  | <del></del>   |
| The enclosed Articles of             | of Amendment and fee(s) are sub                     | omitted for filing.  |   |
| Please return all corresp            | pondence concerning this matter                     | to the following:  |   |
|                                      | Jorgi Martinez                                      |  |   |
|                                      |   | Name of Person   |   |
|                                      | MZ FIT  |  |   |
|                                      |   | Firm/Company   |   |
|                                      | 1015 Pineview Blvd                                  |  |   |
|                                      |   | Address  |   |
|                                      | FWB, FL, 32547                                      |  |   |
|                                      | atlasstrengthclub@gmail.co                          | City/State and Zip Code om to be used for future annual report notif | £ × ×   |
| For further information              | concerning this matter, please of                   | •  | ncauon)   |
| Sammuel Martinez                     |   | 562 335-5403   |   |
| Nanx                                 | of Person   | Area Code Daytim   | e Telephone Number  |
| Enclosed is a check for              | the following amount:                               |  |   |
| ■ \$25.00 Filing Fee                 | ☐ \$30.00 Filing Fee &<br>Certificate of Status     | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Regis                                | LING ADDRESS: stration Section sion of Corporations | STREET/COURI<br>Registration Section<br>Division of Corpor           | n   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MZ FIT LLC  |   |                           |
|---|---|---------------------------|
| ( <u>Name of the Limited Liabil</u><br>(A Florid  | ity Company as it now appears on our records.) a Limited Liability Company) |                           |
| The Articles of Organization for this Limited Liability (Florida document number L18000029127                                   | and assigned  |                           |
| This amendment is submitted to amend the following:   |   |                           |
| A. If amending name, enter the new name of the lim  | nited liability company here:   |                           |
| Atlas Strength & Conditioning LLC   |   |                           |
| The new name must be distinguishable and contain the words "Lin   | nited Liability Company," the designation "LLC" or                          | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   | - 53                      |
| Principal office address MUST BE A STREET ADDI  | RESS)   | 93                        |
|   |   | , (te                     |
| Enter new mailing address, if applicable:   |   | *                         |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                           |
|   |   | 9                         |
|   |   | ø.                        |
| B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent: |   | nter the name of the r    |
| N. D. L. LOGT, All  |   |                           |
| New Registered Office Address:  | Enter Florida street address  |                           |
|   | , Florid  | la                        |
| <del></del>   | 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 = M $AMBR = A$ | lanager<br>.uthorized Member |         |                |
|--------------------|------------------------------|---------|----------------|
| Title              | Name                         | Address | Type of Action |
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| ve date, if other than the ctive date is listed, the date must be the date inserted in this tent's effective date on the l | ust be specific an<br>block does not a | d cannot be prior<br>meet the applic  | able statutory |                |             | .) Pursuant  | <u> </u> |
| ecord specifies a delaye<br>e 90th day after the re  |  |                                       | t an effect    | ive time, at 1 | .2:01 a.m.  | on the       | earliei  |
| dd   |  | . 2018                                |                |                |             |              |          |
|  |  |                                       |                |                |             |              |          |

Page 3 of 3

Filing Fee: \$25.00