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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

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CUDIE	Crave It Fi			
SUBJE	CT:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Matthew Rutkowski		
			Name of Person	
		Crave It Fitness, LLC		
			Firm/Company	
		9950 Estero Oaks Dr. Apt	212	
			Address	****
		Fort Myers. Florida 33967	7	
			City/State and Zip Code	
		mattthetrainer@hotmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information e	oncerning this matter, please ca	all:	
Matthe	w Rutkowksi		586 354-4595	
	Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclose	d is a check for the	he following amount:		
\$25	0.00 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 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

CRAVE I + MTY		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number LISONO 3		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECRETAR ALLAHAS 18 MAR 2:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEE, FLO
B. If amending the registered agent and/or registered of		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	Lip Code
	- Crip	de cont

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
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Filing Fee: \$25.00