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TO:

Registration Section **Division of Corporations**

SURIECT: New Vitali	ty Center For Men. LLC		
SOBJECT: INCM VITAL	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mary Heysek		
		Name of Person	 -
	New Vitality Center for M	ien, LLC	
		Firm/Company	
	665 S. Kings Avenue		
		Address	
	Brandon, FL 33511		
		City/State and Zip Code	<u> </u>
	mary@newvitalityformen.c	com	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Mary Heysek		813 763-4660	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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	e·	Can 4 .J.d	
Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Con	
P.O. Box 632		The Centre of 7	
Tallahassee, I	L 32314	2415 N. Monro	oe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW VITALITY CENTER FOR MEN, LLC

2021 FEB - 1 PH 5: 30

(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 $\frac{02/13/2018}{}$ and assigned
Florida document number L18000039510	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
NEW VITALITY CENTERS, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of the new registerec</u>
agent and/or the new registered office address here:	
Manager of Nice Decision 12 hours	
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address 2021 FEB _ 1 PM 5: 30	Type of Action
		- 3 444 - 1	□Add
		-	□Remove
			□Add
			□Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet to tument's effective date on the Department of State.	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the applicable statutory filing requirements, this date will not be listed as to s records.
scord specifies a delayed effective date, but not an essentied.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
January 27. 20	021
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	er or authorized representative of a member