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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nar	me)
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SEDRE JARY OF STATE

FILED

COVER LETTER

TO: Registration So Division of Cor			
	itness LLC		
SUBJECT:	Name of Limit	ted Liability Company	_
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Andrew Sweeney		
		Name of Person	<u>.</u>
	Sweeney Fitness LLC		
		Firm/Company	
	4567 Winners Circle #1813		
		Address	
	Sarasota, FL 34238		
		City/State and Zip Code	12 (12)
	ASweeneyCSCS@gmail.com	n o be used for future annual report notifi	ootion)
			cation)
For further information of	concerning this matter, please ca	11:	
Andrew Sweeney		941 812-8903 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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 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

Sweeney Fitness LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number L18000051684	lity Company were filed on 02/27/2018 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the jume of the new address here:
Name of New Registered Agent:	SET 3
New Registered Office Address:	Enter Florida street address
	Enter rioriaa street aaaress
-	, 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 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>	<u>Address</u>	Type of Action
OWNER	Andrew Sweency	4567 Winners Circle #1813	■ Add
		Sarasota Fl 34238	Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
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	<u></u>		□ Add
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Filing Fee: \$25.00