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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ELEVATE FITNESS E NUTRITION LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUSTIN DUDLEY Name of Person
ELEVARE FITNESS ENUTRITION U.C. Firm/Company
9045 ULMERTON RD Address
1 ARGO E1 33771
City/State and Zip Code ELEVATE FN 727 @ QMALL. Com E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
JUSTIN DUDLEY at 727, 254–2304 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\sum \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

712217010

The Articles of Organization for this Limited Lia Florida document number\ 1800017	ability Company were filed on 6788	n <u>712312018</u>	_ and ass	signed
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability compan	ıy here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company."	the designation "LLC" or the abbrev	iation "L.	L.C."
Enter new principal offices address, if applica	ble:		2	<u></u>
(Principal office address MUST BE A STREET	ADDRESS)	·	A	77. 75.
				<u> </u>
			- P	및 (결호.
Enter new mailing address, if applicable:				- 11.
(Mailing address MAY BE A POST OFFICE B	<u> </u>		- 8	
				
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on o here:	ur records, <u>enter the name of</u>	the new	<u>v registered</u>
Name of New Registered Agent:	JUSTIN L	DUDLEY		
New Registered Office Address:	9045 ULME	RTON RO Florida street address		
	LARGO	, Florida <u>33</u>	771	
New Registered Agent's Signature, if changing Re	•		Lip Code	

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 = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	JUSTIN L DUDLEY	9045 ULMERTON RO	□Add
		LARGO, FL 33771	□Remove
			Change
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nn effective date is liste ote: If the date inser	ner than the date of d, the date must be spec- rted in this block does date on the Departmen	ific and cannot be present the app	licable statutory	or more than 90 day	(optional) rs after filing.) Purs ts. this date will	suant to 605.02 not be listed:
ecord specifies a del is filed.	layed effective date, b	ut not an effectiv	e time, at 12:01 a	.m. on the earlier	of: (b) The 901	h day after th
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