118000)230246

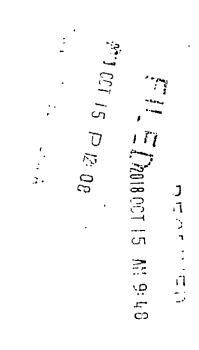
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

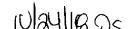




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COVER LETTER

TO:	Registration Se Division of Cou				
		SH YOUR BODY 101, LLC			
SUBJE	CT:	Name of Lim	nited Liability Company	•	
		Amendment and fee(s) are sub	_		
		Evelyn Vivo			
			Name of Person		
		622 SW 147th Terrace	Firm/Company		
			Address		, , ,
Pembroke Pines. FL 33027					고 : 전 :
		evivo@vivogroup.net	City/State and Zip Code		() . a
		E-mail address: (to be used for future annual report no	ilication)	
For furt	her information c	oncerning this matter, please c	all:		
Evelyn	Vivo		954 560-7858		
	Name o	of Person	Area Code Daytir	ne Telephone Number	
Enclose	d 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)	Certified C	of Status &

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

REPLENISH YOUR BODY 101, LLC (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 September 27, 2018 __ and assigned Florida document number L18000230246 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FitBar 101, LLC 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: (Principal office address MUST BE A STREET ADDRESS) 622 SW 147th Terrace Enter new mailing address, if applicable: Ū Pembroke Pines, FL 33027 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the 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

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
			Remove
			Change
			□ Add
			Remove
			— Change
			D Add
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fective date, if other the neffective date is listed, the ote: If the date inserted in cument's effective date of	n this block does not 1	meet the applicable	ate of filing or more than 90 statutory filing requiren	(optional) days after filing.) Pure nents, this date will	suant to 605.020 not be listed a
record specifies a d The 90th day after t			n effective time, at	12:01 a.m. on t	he earlier o
October 4		2018			
	<u> </u>	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00