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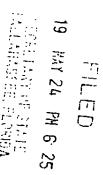
(Re	questor's Name)	
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COVER LETTER

то:	Registration Se Division of Cor	ction porations		
CIID IE	Superior Fi	tness LLC		
SUBJEC	•1. <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Amika Sherm		
			Name of Person	
		Superior Fitness LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		14000 66th Street N, Unit	E	
			Address	
		Largo, FL. 33771		
			City/State and Zip Code	
		superiorfitness@outlook.co		
For furth	ner information o	E-mail address: (oncerning this matter, please ca	to be used for future annual report no all:	tification)
Corey		,	727 408-0637	
		• Dames	at ()	Tolonkan Ni
	Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed	d is a check for th	ne following amount:		
L\$2 5.0	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpx Clifton Building 2661 Executive O Tallahassee, FL 3	orations Jenter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Fitness LLC		
(Name of the Limited Liability (A Florida L	Company as It now appears on our record imited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Cor	mpany were filed on 10-30-2018	and assigned
Florida document number L18000255145	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u>SS)</u>	O
		· · · · · <u>2</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
		## B
		35 01
 If amending the registered agent and/or registe registered agent and/or the new registered office addre 		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
		orida
	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
AMBR	Amika Sherm	14000 66th ST N, Largo, Fl. 33771	
			Add
		 	Remove
			Change
AMBR	Corey Moyse	3320 Keene Park Drive, Largo, Fl 33771	Add
			■ Remove
			Change
			19 Add
			Syremove Syremove The property of the proper
			09.00 P
			Remove
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		5-20	-2019			
ective date, if neffective date is	other than the data	e of filing: specific and cannot l	be prior to date of fili	ng or more than 90 day	(optional) safter filing.) Pursuant to 6	05.020
<u>te:</u> If the date i	nserted in this block we date on the Depar	does not meet the	applicable statutor	y filing requirement	ts, this date will not be ti	isted a
	fies a delayed ef after the record		out not an effec	tive time, at 12	:01 a.m. on the ear	lier (
ted			<u> </u>			
	00	04 4		entative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00