118000276765

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | | : | |
|--|--|---|---|
| suriect: Si | mply Kiira LL Name of Lim | C | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Kiira | Weisend | |
| | | Name of Person | |
| | | Firm/Company | |
| | 2788 Via | Piazza Loop | |
| | | Address | |
| | Fort myers | City/State and Zip Code | |
| | | | |
| | E-mail address: (| @ gmail . com to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| Kiira Weise | nd | at (239) | 558 |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne 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 | | Street Address: | ection. |
| Registration S Division of C | | Registration Se Division of Co | |
| P.O. Box 632 | | The Centre of | - |
| Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Simply Kiira I | 2028 O.M 31 FM 1: 444 |
|---|---|
| (Name of the Limited Liability Con (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) |
| The Articles of Organization for this Limited Liability Comparida document number <u>L18000276765</u> . | any were filed on and assigned and assigned |
| his amendment is submitted to amend the following: | |
| a. If amending name, enter the new name of the limited I | iability company here: |
| Best Life Health and Fitness | LLC |
| he new name must be distinguishable and contain the words "Limited L | iability 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 | 2 |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | 2788 Via Piazza Loop Fort Myers, FL 33905 |
| 3. If amending the registered agent and/or registered offi gent and/or the new registered office address here: | ce address on our records, <u>enter the name of the new register</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | (III) /m (Ale |

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> | Name | Address | Type of Action |
|--------------|------------------|--------------------------|----------------|
| MGR | Thomas Weisend | 2788 Via Piazza Loop | |
| | | Fort Myers, FL 33905 | Kemove |
| | | | □ Change |
| CEO | Kiira Robertshaw | 28121 Pine Haven Way#11. | Q □Add |
| | | Bonita Springs, FL 34135 | ¶Remove |
| | | | 🗆 Change |
| CEO | Kiira Weisend | 2788 Via Piazza Loop | i X ∧dd |
| | | Fort Myers, FL 33905 | 🗆 Remove |
| | | | 🗆 Change |
| | | | □Add |
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| <u>vote:</u> 1 | ve date, if other the ctive date is listed, the If the date inserted in ent's effective date of | n this block does | not meet tl | he applicable | 2020 ate of filing or e statutory fili | more than 90 d ng requiremo | _ (optional) ays after filing. ents, this date | Pursuant to 605 0 will not be listed |
| | ord specifies a d 90th day after t | | | but not a | n effective | time, at 1 | 2:01 a.m. | on the earlier |
| ated _ | January | 17+ | 2 | 1020 | ed representativ | | | |
| | | | | | | | | |
| | | Thing | We | wend | | | | |

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Filing Fee: \$25.00