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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

| Division of Cor            | porations   |   |  |
|----------------------------|---|---|--|
| suвјест: <u>Қаг</u>        | Meiser Cosma  | etology and Fitt<br>nited Liability Company | ress                                   |
| The enclosed Articles of   | Amendment and fee(s) are sub  | omitted for filing.                         |  |
| Please return all correspo | ondence concerning this matter  | to the following:                           |  |
|                            |   | Lari Meiser Name of Person                  |  |
|                            | e enclosed Articles of Amendment and fee(s) are submitted for fitting.  the enclosed Articles of Amendment and fee(s) are submitted for fitting.  The sace return all correspondence concerning this matter to the following:    Cari Meiser   Name of Person |   |  |
|                            | <u>5350 h</u>   | wrut road apt. 7                            | 237                                    |
|                            | <u>Austin</u>   | TX 78756                                    |  |
|                            | ./cn  | ·   |  |
|                            | E-mail address: (   | to be used for future angual report not     | ification)                             |
| For further information e  | oncerning this matter, please c   | all:  |  |
| Kari                       | Wleiser   | at (904 ) 814                               | 15364                                  |
| Name o                     | f Person  |   | ne Telephone Number                    |
|                            | ne following amount:  |   |  |
| 2 \$25.00 Filing Fee       | •   | Certified Copy                              | Certificate of Status & Certified Copy |
|                            |   | <u>Street Address:</u><br>Registration Se   | ection                                 |
| Division of C              |   | Division of Co                              |  |
| P.O. Box 632               | •   | The Centre of                               | •                                      |
| Tallahassee, I             | FL 32314  | 2415 N. Monro                               | oe Street, Suite 810                   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company                                 | y were filed on May 17, 2021 and assigned                          |
|---|--|
| Florida document number <u>L 18 000 28 51/3</u>   | •  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liab                                     | bility company here:   |
| KAMFit Training LLC The new name must be distinguishable and contain the words "Limited Liabi   |  |
| The new name must be distinguishable and contain the words "Limited Liabi                       | ility 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)   |  |
|   |  |
|   |  |
| Enter new mailing address, if applicable:   |  |
| (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 register         |
| agent and/or the new registered office address here:  |  |
|   |  |
| Name of New Registered Agent:   |  |
|   |  |
| New Registered Office Address:  | Enter Florida street address                                       |
| New Registered Office Address:  |  |
| New Registered Office Address:  | . Florida  |
| New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent: | City Zip Code  |

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        |
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| fective date, if other than the da   | ate of filing:                 |                          | (optional)          |                   |
| n effective date is listed, the date must be tee: If the date inserted in this block | k does not meet the applica    |                          |                     |                   |
| cument's effective date on the Depa  | arment of State's records.     |                          |                     |                   |
| ecord specifies a delayed effective c<br>is filed.                                   | late, but not an effective tir | me, at 12:01 a.m. on the | earlier of: (b) The | 90th day after th |
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| ted ///ay 17_  | 2021<br>Man 1                  | <br>                     | · • •               |                   |
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