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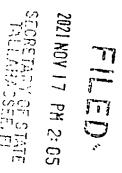
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Y. SCOTT DEC - 4 2021

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
SUBJECT:	Ja Blue Fit	ness //			
U	,				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ashley	Nicole Adoms	<u>-</u>		
	-	Firm/Company		2021 SEC TA	
	1016 Conne	ecticut Rd Address	<del> </del>	2021 NOV 17 SEGRETARY TALL/2003	
	Tarpon Sp	ONIGS FL 3468 City State and Zip Code	·9	PM 2: 05	
	OShOSI E-mail address: (	to be used for future afinual report notifi	cation)	ामं जी	
For further information of	concerning this matter, please co	all:			
Ashlus N Name (	Ada	1775 at ( <u>727)</u> <u>773</u> . Area Code Daytime	76/3 Telephone Number		
Enclosed 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 radditional copy is enclosed)	Certified (	of Status &	
Mailing Addres Registration Division of C	Section	Street Address: Registration Sect Division of Corp			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

me of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number <u>L 190000</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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
			Remove Change
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fective date, if other than the date of filing:	(optional)
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 ote: If the date inserted in this block does not meet the applicable statutory filing require	ments, this date will not be listed a
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea- is filed.	rlier of: (b) The 90th day after the
,	
nted November 3. 2021.	
Signature of a member or authorized representative of a mem	