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SUBJECT:		TNESS, LLC			
SOBJECT.		Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retun	n all correspo	ondence concerning this matter	to the following:		
		Moshe Biton			
			Name of Person		
		MOER FITNESS, LLC			
			Firm/Company		
		18445 NE 30 PL			
			Address		
		AVENTURA FL 33160			
			City/State and Zip Code		
		mosheCGR@gmail.com			
			to be used for future annual report not	tification)	
For further i	nformation c	oncerning this matter, please c	all:		
Moshe Bito	n		954 6087008 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed is	a check for th	ne following amount:			
□ \$25.00 I	Filing Fee	S30.00 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)	
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection	
Di	vision of C	orporations	Division of Corporations		
). Box 632 llahassee. I		The Centre of		
1 cti	nanassee. I	12 DED 17	4410 IN. IVIONIC	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOER FITNESS, 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 06/20/2019 Florida document number 1.19000159241 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.

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
MGR	AHARON BITTON	3804 SW 53RD CT• FT LAUDERDALE. FL 33312	2 ≣ Add
			□Remove
			□ Change
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Effective date, if other than the date of filing: (optional) (fran effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a ord is filed. Dated 6-26 2020 Shiban							
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