## LZO 000 120947

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT:	WaWi	a Fitness LLC	·		
		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	- ^			
	L	My Elitrance	-		
		Wa Wa Fitness C			
	1705 00nna Rd unit 24,25,26 Address				
	E-mail address: ()	beach FL 334 City/State and Zip Code Co Wawa fitness. in factors to be used for future annual report notification.	cation)		
	neerning this matter, please ca				
Waly	Elifrance	at ( <u>561</u> ) <u>201</u> Area Code Daytime	- 39 20		
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	e following amount:				
12 \$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 Registration S.	='	Street Address: Registration Sec	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	ness LLC ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 20000 130 947</u> .	pany were filed on $05/05/2020$ and assigned
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Liability Company." the designation "LLC" or the abbreviation "L.L.C."  1705 DONNG Rd Unit 24,25,26  (S) West Palm black FL 33409
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1705 Donng Ad Uni4 24,25,26 West Palm black Fil 33409
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 1705	DONNA Ed Unit 24,25,26  Enter Florida street address
_ Wes	Donna Rd Unit 24,25,26  Enter Florida street address  4 palm beach Florida 33409  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 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
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			□Remove
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(If an effecti <u>Note:</u> If :	date, if other that ive date is listed, the date inserted in the date inserted in this effective date or	ate must be specific this block does no	and cannot be prior at meet the applic	able statutory f	or more than 9		iling.) Pursuant to 60	
If the record s record is filed.	pecifies a delayed e	ffective date, but i	not an effective ti	ime, at 12:01 a.	m. on the ea	rlier of: (b)	The 90th day af	ter the
Dated	07/8	7	. 3021	· 				
			Thurs C	howar	$\supset$			
		Signature of	a member or author	orized representa	tive of a mem	her		
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		/	Typed or print	ed name of signe	c			

Filing Fee: \$25.00