Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

: (323)962-8600 Prione

rnone Fax Number : (323)962-3869

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: es24.mcfitts@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHEROCK FITNEZZ LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 05 |
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|----------------|------------------------------------|--|--|---|---|
| SUBJE | | FITNEZZ LLC | | | |
| | ··· | Name of Limi | ited Liability Company | | |
| The enc | closed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | · |
| Please 1 | etum all correspo | ndence concerning this matter | to the following: | | |
| | | Cheyenne Moseley | | | |
| | | | Name of Person | | |
| | | Legalzoom.com, Inc. | | | |
| | | | Firm/Company | | |
| | | 101 N Brand Blvd 11th Fl | | | |
| | | | Address | | |
| | | Glendale, CA 91203 | | | |
| | | es24 mefitts@gmail.com | City/State and Zip Code | | |
| | | - | to be used for future annual repo | rt notification) | |
| For furt | her information c | oncerning this matter, please ca | all: | | |
| Cheyer | ine Moseley | | 800 773-08 | 88 | |
| · | Name o | f Person | | sytime Telephone Number | |
| Enclose | ed is a check for th | ne following amount: | | | |
| □ \$ 25 | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | Certificate of Status & Certified Copy (additional copy is exclosed | |
| | | | | | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURTER ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To: 18506176380

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Florida | ly Company as It now appears on our records.) Limited Liability Company) | | |
|--|--|---|--|
| The Articles of Organization for this Limited Liability Company were filed on 05/19/2020 | | | |
| Florida document number L20000135548 | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limi | ited liability company here: | | |
| SHEROCK WELLNESS & FITNESS, LLC | | ~;1 | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | <u></u> | |
| (Principal office address MUST BE A STREET ADDR | (ESS) | | |
| | | | |
| | | 当当 | |
| Enter new mailing address, if applicable: | •••• | F 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | [등 8 | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | iter the name of the | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street address | | |
| | Enter Florida street address | | |

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

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

MGR = Manager

☐ 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:

| AMBR ≈ A | uthorized Member | | |
|--------------|------------------|---------------------------------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| | Chire | Signatur | e of a member | or authorized r | epresentative o | f a member | | | |

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Filing Fee: \$25.00