## 12000135745

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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2022 AUG II PH 4: 10 SECHE ANY SEE FL

## **COVER LETTER**

| TO: Registration S<br>Division of Co |                                    |  |  |
|--------------------------------------|------------------------------------|--|--|
| cup teat.                            | Green Living V                     | egan fitness LLC                                     |  |
| SUBJECT:                             | Name of Limi                       | ned Liability Company                                |  |
|                                      |                                    |  |  |
| The enclosed Articles o              | f Amendment and fee(s) are sub-    | mitted for filing.                                   |  |
| Please return all corresp            | ondence concerning this matter     | to the following:                                    |  |
|                                      | Gabrie                             | Goncalves  |  |
|                                      |                                    | Name of Person                                       |  |
|                                      |                                    |  |  |
|                                      |                                    | Firm/Company   |  |
|                                      | 2196                               | in laboth Armie                                      |  |
|                                      |                                    | Address  |  |
|                                      | . <b>A</b> <sup>1</sup> . <b>A</b> | . (1 1.0)1   |  |
|                                      | Mirama                             | City/State and Zip Code                              |  |
|                                      | anac alueca                        | 92. Damail ion                                       |  |
|                                      | Y:-mail address (                  | 92 Raymail tom                                       | fication)  |
| For further information              | concerning this matter, please co  | ali:   |  |
| Gabriel Gar                          | calves                             | ar 786 3302-91                                       | z \$6  |
| Name                                 | of Person                          | at ( <u>786</u> ) <u>302-9</u> ;<br>Area Code Daytim | se Telephone Number  |
| Enclosed is a check for              | sha fallaning amount               |  |  |
| -                                    | the following antounce:            | ☐ \$55.00 Filing Fee &                               | Fig. 640 00 Pitting Pass   |
| □ \$25.00 Filing Fee                 | Certificate of Status              | Certified Copy (additional copy is enclosed)         | Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| <b>\1</b>                            | ne.                                | Street Address:                                      |  |
| <u>Mailing Addro</u><br>Registration |                                    | Registration Se                                      | ction  |
| Division of Corporations             |                                    | Division of Corporations                             |  |
| P.O. Box 6327                        |                                    | The Centre of Tallahassee                            |  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



2022 AUG 11 AH 10: 32



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July 13, 2022

GABRIEL GONCALVES 2196 SW 166TH AVENUE MIRAMAR, FL 33027

SUBJECT: GREEN LIVING VEGAN FITNESS LLC

Ref. Number: L20000135748

We have received your document for GREEN LIVING VEGAN FITNESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 122A00015618

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2077 AUG 11 PM 4: 10 **OF**

FILED

SEME LARY OF STATE

| Green Livina  | Vegan Fitners LLC  | TALLAHASSEE, FL                        |
|---|--|--|
| (Name of the Limited E  | Vegan Fitness UC ability Company as it now appears on our orida Limited Liability Company) | records.)                              |
| The Articles of Organization for this Limited Liabili<br>Florida document number <u>L</u> 20000135748 | ity Company were filed on 5/19   | and assigned                           |
| This amendment is submitted to amend the followin   | g:   |  |
| A. If amending name, enter the new name of the  |  |  |
| Almighty Optimal The new name must be distinguishable and contain the words                           | Health & fitness U.C. "Limited Liability Company," the designation                         | on "LLC" or the abbreviation "L.1, C." |
| Enter new principal offices address, if applicable  | :  |  |
| (Principal office address MUST BE A STREET A  | DDRESS)  |  |
|   |  |  |
| Enter new mailing address, if applicable:   |  |  |
| Mailing address MAY BE A POST OFFICE BOX  | <u> </u>   |  |
|   |  |  |
| B. If amending the registered agent and/or registagent and/or the new registered office address he    | tered office address on our records<br>ere:  | enter the name of the new registered   |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  | Enter Florida stree  | t address                              |
|   |  | , Florida                              |
| _   | Cuy  | Zıp Code                               |

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 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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| (If an effe<br>Note: | ive date, if other than the date of filing:   |
| the rec<br>) The     | ford specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed. |
| Dated                | 08/08/22  |
|                      | Segueture of a member or authorized representative of a member  |
|                      | Typed or writted name of vience   |

Page 3 of 3