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Speciał Instructions to	—————— Filing Officer:	





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TO:

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SUBJECT	FLORIDA	FUN FIT LLC		
SOBJECT		Name of Lin	nited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		JAMES P CONNELLY II	II	
			Name of Person	
			Firm/Company	
		376 Twelve Oaks Dr.		
			Address	
		Winter Springs, FL 32708		
		connellyjim@yahoo.com	City/State and Zip Code	
For further i	nformation co	E-mail address: (neerning this matter, please c	to be used for future annual report no all:	tification)
JAMES P C	CONNELLY I	II	407 618-3546	
	Name of	Person		me Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$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)
Re	iling Address: gistration So vision of Co	ection	Street Address: Registration Se Division of Co	
). Box 6327 Ilahassee, Fl		The Centre of	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA FUN FIT 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 06/04/2020 and assigned Florida document number L20000152987 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STORMING TO PERFORMING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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 . Florida_ 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 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 Title <u>Name</u> <u>Address</u> **Type of Action** ____ □Add _____ □Change _____ Change _____ □Add _ □Remove

_____ □Change

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Filing Fee: \$25.00