L20000181125

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	
J. HORNE	
J. HORNE SEP 27 2023	

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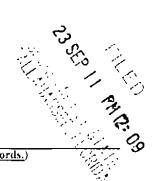


COVER LETTER

	Cegistration Se Division of Cor			
\$110 IEC"	STRETCH	STUDIO MIAMI LLC		
SUBJEC	Г:	Name of Lim	ited Liability Company	
The enclo	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		ANASTASIIA KHARCHI	EVA KLURMAN	
			Name of Person	
			Firm/Company	
		19370 COLLINS AVE #90		
		SUNNY ISLES BEACH.	Address FL 33160	
		12001200	City/State and Zip Code	
		mj399129@gmail.com E-mail address: (to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please ca	all:	
ANASTA	ASIIA KHARCI	HEVA KLURMAN	305 399-7694	
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ī	Mailing Addres Registration S	Section	Street Address: Registration S	
	Division of C P.O. Box 632	-	Division of C The Centre of	-
	Fallahassee, I		2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



STRETCH STUDIO MIAMI 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	and assigned
Florida document number L20000181125		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Atlas Gymnastics LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I	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 a	iddress on our records, <u>en</u>	ter 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 ad	dress
		. Florida
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	ee to act in this capacity	I further agree to comply with the
provisions of all statutes relative to the proper and complete		
accent the obligations of my position as registered agent as i	provided for in Chapter 60	05 F.S. Or if this document is

accept the obligations of my position as registered agent as provided for in Chapter 605, I 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
<u> </u>			□Add
			□Remove
			□Change
			□Add
		_	□Remove
			□Change

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the			
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	September 6	2023	
		Val	
ANASTASIIA KHARCHEVA KLURMAN		Signature of a member or authorized representative of a member	
ADAS LASIA KTARCHEYA REUNWAN	AMACTACHA PHADA	THEVA KI HRMANI	

Filing Fee: \$25.00