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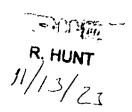
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citi irea	Your Preference Fitness Solutions L.L.C.					
SUBJECT:						
The enclose	d Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please retur	n all correspond	dence concerning this matter	to the following:			
	AHA!	Jack E. Kiker, III, Esq.				
			Name of Person	-		
		WilliamsGautier Law				
			Firm/Company			
		2010 Delta Blvd.				
			Address		20	담
		Tallahassee, Florida 32303			23 NO	YSIO!
			City/State and Zip Code		-	9
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		E-mail address: (to be used for future annual report notifi	cation)		
For further i	nformation con	cerning this matter, please ca	all:		:-	* .
Jack E. Kik	er, III, Esq.				0	,
	Name of P	Person		Telephone Number	_	
Enclosed is	a check for the	following amount:				
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy tadditional copy is	tatus &	

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

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Your Preference Fitness Solutions L.L.C.			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	-	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/10/2020</u>	and assig	gned
Florida document number 1.20000199349			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the at	obreviation "L.L	.C."
Enter new principal offices address, if applicable:	1212 N. Monroe Street, Suite 1		
Principal office address MUST BE A STREET ADDRESS)	Tallahassee, Florida 32303		
		- 8	<u></u>
Enter new mailing address, if applicable:		023 KOV	KOISIA P:
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	- 무료-
		סר	#3G.
		172:	76 E
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	ie of the uew	register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	, Florida		
New Registered Agent's Signature if changing Degistered Agents	City	Zip Code	

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.

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II amending Authorized rerson(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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Note: 11	re date, if other than the detive date is listed, the date must to the date inserted in this blocant's effective date on the Dep	k does not meet the app	dicable statutory f	or more than 90 days aff dling requirements, t	otional) fer filing.) Pursuant to 6 his date will not be 1	505.0207 (3)(t isted as the
f the record record is filed	specifies a delayed effective d	date, but not an effectiv	e time, at 12:01 a.	in, on the earlier of:	(b) The 90th day a	fter the
Dated N	Paul H. Hassing	. 2023				
	Paul H. Hassina					
	36173FCD9AD84FA S	gnature of a member or as	nthorized representa	tive of a member		
	Paul H. Hassing, Manager					
	<u> </u>	Typed or pr	inted name of signe	<u> </u>		

Filing Fee: \$25.00