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COVER LETTER

A Company

Division of Co			
SUBJECT:	Name of Lim	ess; LLC lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Svandy K. Bailey	
	HA.	YFitness, LLC Firm/Company	
	1064 Ne 2	Address	
		ni FL 33179 City/State and Zip Code	
	brandy kha E-mail address: (dijan @ amail.e.	ification)
For further information of	concerning this matter, please c	all:	
Brandy Name o	C. Boiley	at (<u>30S</u>) <u>52</u> Area Code Daytir	8 - 773 4 ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration So	
Division of C P.O. Box 632		Division of Co The Centre of	•
Tallahassee,			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HVYFitness, 1		
(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 July 13, 2020	and assigned
Florida document number <u>L2000 20040</u> .	ı	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "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 applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered office	address on our records, <u>enter the na</u>	me of the new registere
agent and/or the new registered office address here:		7051
Name of New Registered Agent:		型
		1-
New Registered Office Address:	Enter Florida street address	evest Sense
	Florida	
	City . F10F10a _	Zip Code F

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 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
MGR	Shantelle L. Moveno	1211 1/2 west-moreland Avenue	🗆 Add
		Los Angeres, CA 90006	Kemove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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ective date, if other	than the date of filing the date must be specific and lim this block does not to on the Department of	ng: Indicate the applicable state of the applicable state of the stat	f filing or more than 90 da utory filing requiremen	(optional) ys after filing.) Pursuant to ats, this date will not be	o 605.0207 e listed as
te: If the date inserted					
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te: If the date inserted nument's effective date cord specifies a delaye s filed.			2:01 a.m. on the earlier	of: (b) The 90th day	after the
te: If the date inserted cument's effective date ecord specifies a delaye is filed.	124			r of: (b) The 90th day	after the

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Filing Fee: \$25.00