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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: TRI FITNE Name of Limite	SS LLC rd Liability Company
The enclosed Articles of Amendment and fee(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	the following:
Erwin, Cynthi	Name of Person
TRI	FITNESS CCC.
6341 La	ndings Terrace
Tamarac	City/State and Zip Code Win Company Complete used for future annual report notification)
Chhicer E-mail address: (to	be used for futtre annual report notification)
For further information concerning this matter, please call	
ERWIN, CUNTHIA	at (786) 720 4245 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime 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 & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations The Control of Tallahassas
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOI VITATES 111

(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 $\frac{7/22/2020}{200000000000000000000000000000$	l assigned
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/22/2020}{1000000000000000000000000000000000$	l assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	n "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 address on our records, enter the name of the agent and/or the new registered office address here:	new Fegistere
agent and/of the new registered office address nere.	•
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
. Florida	
City Zip C	Tode

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 Address **Type of Action** Title Name Erwin, Cynthia A 6341 Landings Ter DAGO Tamarac, F133321 Remove □Change AMBR Erwin, Cynthia A 751 N Pine Island Rd MAGO Apt#106 Plantation F133324 □Remove □Change □Remove _____ □Change □Remove

_____ □Change

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ective date, if other than n effective date is listed, the date te: If the date inserted in the cument's effective date on the	e must be specific ar is block does not	nd cannot be prior meet the applica	to date of filing or able statutory fil	more than 90 days aft	tional) er filing.) Pursuant to 605.t nis date will not be liste	020° d as
cord specifies a delayed effi s filed.	ective date, but no	ot an effective tii	ne, at 12:01 a.m	on the earlier of:	(b) The 90th day after	the
ed November	10	2021		* ~		
co TANCI TIER		110	/			
	Signature of	member or autho	rized representati	ve of a member		