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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co.	rporations		
SUBJECT:	Linds F	Fitness	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	·
	Linds	Say A. Frank Name of Person	
		Name of Person	
	L	nds F Fitness Firm/Company	
	81220 old		
	Linds F	City/State and Zip Code  7 2 3 6 9 mail. Co  to be used for future annual report notif	М
For further information of	concerning this matter, please co	·	ication
Chris Name o	Frank of Person	at (585) 721- Area Code Dayrime	7713 Telephone Number
Enclosed is a check for the	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 Addres</u> Registration S		<u>Street Address:</u> Registration Sec	etion
Division of C	Corporations	Division of Corp	porations
P.O. Box 632	.7	The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1: de F EL 200 110

	ed Liability Compar (A Florida Limited L	ny as it now appears on o liability Company)	ur records.)	
The Articles of Organization for this Limited L. Florida document number	iability Company		y 27. 2020	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	<u>f the limited liabi</u>	lity company here:		
The new name must be distinguishable and contain the w	vords "Limited Liabili	ity Company," the designat	tion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			2020
				2 1
				29
Enter new mailing address, if applicable:				<del></del>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<del></del>
			<del></del>	 - <u>N</u>
B. If amending the registered agent and/or ragent and/or the new registered office address	0	ddress on our record	s, <u>enter the name</u>	
Name of New Registered Agent:	<u>Lin(</u>	dsay A. Fra	nK	
New Registered Office Address:	81220	61d HWY. Enter Florida stre	eet address	
	Islan	marada Cin	, Florida <u>3</u>	303 W Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lindsay A. Frank	81220 old Hwy Islamurada Pl 33036	NAdd
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			□Add
			□Remove
			□Change
			□Add
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			□Change
- <del></del>			□Add
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effective o te: If the	late is liste date inse	ed, the date rted in thi	s block doe	eific and car		able statut			) g.) Pursuant to 605.0 e will not be listed
cord spec s filed.	ifies a de	layed effe	ctive date,	but not an	effective ti	me, at 12:	01 a.m. on the	earlier of: (b) T	he 90th day after t
ed(	ct.	26			) <u>0</u> 2.0	7(	sentative of a mi		
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