## L20000237700

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Namo	e)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	,
	MAR 2 1 202	22

Office Use Only



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## **COVER LETTER**

CHD ITAT	Irina's Danc	ee Fitness and Healing LLC		
Division of Corporations    Irina's Dance Fitness and Healing LLC				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Irina Wetzel		
			Name of Person	
			Name of Limited Liability Company  diment and fee(s) are submitted for filing.  the concerning this matter to the following:  In Wetzel  Name of Person  Firm/Company  184 Central Blvd unit 14  Address  piter FL 33458  City/State and Zip Code tamwetzel@gmail.com  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  at (	
		7484 Central Blvd unit 14		
		<del>, .</del>	Address	
		Jupiter FL 33458		
			rig LLC  Idame of Limited Liability Company  e(s) are submitted for filing.  this matter to the following:  Name of Person  Firm/Company  Address  SS  City/State and Zip Code  mail.com  all address: (to be used for future annual report notification)  er, please call:  at (  Area Code Daytime Tetephone Number)  t:  Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed)	
			to be used for future annual report noti	fication)
For further	information co	oncerning this matter, please ca	- all:	
Irina Wetze	el		561 8277365	
•	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee		Certified Copy	Certificate of Status &
	ailing Address		<u>Street Address:</u> Registration Sec	ction

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2022 HAR 10 AH 11: 44

Irina's Dance Fitness and Healing LLC

(Name of the Limited Liability Company as it now appears on our records:) AHASSEE, FLOW
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{08//06/2020}{}$	and assigned
Florida document number 1.20000237700		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
I FIT TEMPLE LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my dutie rovided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is

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
			□Add
			□Remove
			□Change
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ffective date, if other than an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on t	nis block does not n	neet the applicab	date of filing or le statutory fili	more than 90 days ng requirements	optional) after tiling.) Pursua , this date will no	nt to 605,020 t be listed as
record specifies a delayed eff is filed.	fective date, but not	an effective time	e, at 12:01 a.m.	on the carlier o	f: (b) The 90th (	day after the
March 9th		2022				
IICU	·	4 (7	- •			
	-MU		<del></del> -			

Filing Fee: \$25.00