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2/9/21

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: ANDY'S ONE STOP FITNESS LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Gerard Croicat Name of Person						
Firm/Company						
1840 NW 172Nd TER						
Miami Gardens, FL 33056 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Caerard Croicout at 305, 494-4892 Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)						

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANDY'S ONE STOP FITNESS LLC
(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 08 11 2020 and assigned		
Florida document number <u>L 20000242</u> 70)님		
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 Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	021		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registered		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
None Designation of Associate Signature of abancing Designation of Associated	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
If Cha.	nging 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

Type of Action Address Title Name Gerard Croiceut 1840 NW 172ND TERDANN Miami Gardens Fl 33056 Gerard Croicout 1840 NW 172ND TER. BAND Miami Gardens, FL 33056 DRemove ☐ Change ☐ Change _____ □Change

_____ □Change

						
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cument's effective date o	n the Department (of State's records.				
ecord specifies a delayed s filed.	effective date, but	not an effective tir	me, at 12:01 a.m. o	n the earlier of: (b) The 90th	day after th
od December	30	2020	≥.			
 	Gera	d Cr	over trized representative	of a member		
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