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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor		,	. ·
110.157		ou Fitness Enterprise, LLC	•	
UBJEC	·:	Name of Lim	ited Liability Company	
Thur and a	and Amialon of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter		
		Jonathan Brooks		
		 	Name of Person	
		The New You Fitness Ente	erprise, LLC	
			Firm/Company	
		1303 S Monroe St		
		 	Address	
		Tallahassee, FL 32301		
		Tallallassee, FL 32301	C'. (C.)	
		jnathan 1911@gmail.com	City/State and Zip Code	
			to be used for future annual report no	tification)
For furthe	r information c	concerning this matter, please c	ali:	
Jonathan	Brooks		850 345-7902	
	Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed i	is a check for t	he following amount:		
	0 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)
	Mailing Addres		Street Address:	
	Registration S		Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The New You Fitness Enterprise, 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 _8/12/2020 Florida document number L20000244822 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 "LLC." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

4GR = Manager

MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change

"Johnathan."	The correct spelling should be "Jonathan." Thank you for help amending the name.	
•		
tive date, if	other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	02
If the date is	inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	
ment's effecti	ive date on the Department of State's records.	
and empoision -	a delayed effective date, but not an effective time, at 17:01 a.m. on the earlier of (b). The 00th day of the	L
iro speciries a filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	(II
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September	15 2020	
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Filing Fee: \$25.00