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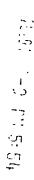
(Requestor's Name)
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R. :VH'TE. DEC 15 2021

COVER LETTER

TO:

	on Section f Corporations		
SHRIFCT:	Mandys Mon Pitre Name of Lin	ess IIC	
	Name of Lin	mited Liability Company	
The enclosed Articl	les of Amendment and fee(s) are sul	bmitted for filing.	
Please return all cor	rrespondence concerning this matter	r to the following:	
	Aman	Name of Person	
		Mem Fitness LLC Firm/Company	
	10550 W.	Address	
		FL 33626 City/State and Zip Code	
	Mandy and E-mail address:	(to be used for future annual report notification)	
For further informa	tion concerning this matter, please of	call:	
Amand	Bownan	at (963) 221 - 2903 Area Code Daytime Telephone Number	_
N	ame of Person	Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:		
\$25.00 Filing F	Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fe Certified Copy (additional copy is enclosed) \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	Status &
_	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
	see, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mandy's	Mon Fitness LL	7.5 -2 PY 5:54	
(Name of the Limited	d Liability Company as it now apper A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	09/05/2020 and assig	ned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company h	<u>here</u> :	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	designation "LLC" or the abbreviation "L.L.	C."
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or re agent and/or the new registered office address		records, enter the name of the new	registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	lorida street address	
		, Florida	
	City	Zip Code	

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 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>	<u>Address</u>	Type of Action
MGR	AMANDA BOWMAN	10550 Windsor Lake Ct Tampa. FL 33626	XAdd
		Tampa. FL 33626	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			🗆 Remove
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(If an effe Note:	ve date, if other than the date of filing: (optional) extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	ent's effective date on the Department of State's records.
ne record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	30th October, 2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member