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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BLUE BIRD FITNESS LLC**

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K. SALY

MAR - 2 2022

ARTICLES OF AMENDMENT TO * ARTICLES OF ORGANIZATION OF

FILEL
2022 MAR - 1 PM 5: 21
TALLAHASSEE I LURIO,

BLUE BIRD 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 Liab Florida document number L20000316415	oility Company	were filed on 10/06	5/20	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liabi	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the design	ation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applical	6 Liberty Square #2504			
(Principal office address MUST BE A STREET	Boston, MA 02109			
Enter new mailing address, if applicable:	6 Liberty Square #2504			
(Mailing address MAY BE A POST OFFICE B	Boston, MA 02109			
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office : here:	address on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Registere	d Agents Inc.		
New Registered Office Address:	7901 4th	St N STE 300 Enter Florida street address		
	St. Peters		, Florida <u>33</u>	702 Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	<i>,</i>		

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

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
AP	VIDYAWATTIE MATURA	11901 Abess Blvd APT 4202	□Add
		Jacksonville, FL 32225	⊠ Remove
			□Change
AP	Graham Cooke	6 Liberty Square #2504	🗀 Add
		Boston, MA 02109	Remove
			X iChange
			□Add
			□Remove
			DChange 1822 LDIAdd AR
			Remove
			□Change
			🗆 Add
			□Remove
			□Change

Typed or printed name of signee