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COVER LETTER

TO:

Registration Section

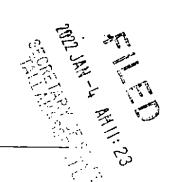
Tallahassee, FL 32314

Divisi	ion of Corp	oorations				یہ	
SUBJECT: _	ummit Perf	ormance and Conditioning L	LC				
		Name of Lin	nited Liability Company			智艺艺	Trans.
The enclosed A	Articles of A	amendment and fee(s) are sub	omitted for filing.			ं अस्ति ।	<u>.</u>
Please return al	ll correspon	dence concerning this matter	to the following:				23
			-			, ,,,	
		Frank Pettoruto					
			Name of Person				
		Summit Performance and	Conditioning LLC				
			Firm/Company				
		16563 NW 5 Ct					
			Address				
		Pembroke Pines, FL 33028	}				
			City/State and Zip Code				
		pett5587@yahoo.com					
			to be used for future annual	report notificatio	n)		
For further infor	rmation cor	seerning this matter, please ca	all:				
Frank Pettoruto	1		407 580 at ()	0-6827			
<u>-</u>	Name of F	Person	Area Code	Daytime Tele	phone Number	_	
Enclosed is a ch	eck for the	following amount:					
■ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &	
Mailing	ဖူ Address:		19	1.3			
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		porations	Division	of Corporat	rions		
r.O. B	30x 6327		The Cen	itre of Tallah	assee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Summit Performance and Conditioning LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	vere filed on 10/14/20	and assigned			
Florida document number L20000324958					
Florida document number L20000324958 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 "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)					
Florida document number L20000324958 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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida					
The new name must be distinguishable and contain the words "Limited Liability	y 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 ad-	dress on our records, <u>enter t</u>	he name of the new registered			
agent unasof the new registered office address here.					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Flor	rida			
Your Degistered Asset Va Cinneau 15 1	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>	Address	Type of Action
AMBR	Jen Milos-Pettoruto	16563 NW 5 Ct	□ Add
		Pembroke Pines, FL 33028	≣ Remove
			□ Change
			□Add
			□Remove
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ffective date, if other than the date of filing: (optional) an effective 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 office: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as secument's effective date on the Department of State's records. record 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 is filed. December 15 2021 A.A. A.A. December 15 2021		·						-
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My Pokin	December 15		2021					
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