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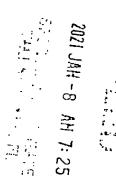
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COVER LETTER

то:	Registration Se Division of Cor			•
SUBJE	7 Rooted F		•	
SUBIL	C1	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Yarid Wilburn and Larry I), Wilburn Jr	
			Name of Person	
		7 Rooted Fitness		
			Firm/Company	
		1734 Tealbriar Ave		
			Address	
		Oviedo, FL 32765		
		sevenrootedfitness@yahoo.	City/State and Zip Code	
		= :	to be used for future annual report notil	tication)
For furth	ner information c	oncerning this matter, please c	all:	
Yarid V	Vilburn or Larry	Wilburn	321 246-0462 at ()	
	Name o	t Person	Area Code Daytimo	e Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	S30.00 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 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

2021 JAN -8 AH 7: 25

7 Rooted Fitness	,	8 3 TUT
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records.) Liability Company)	Man of
The Articles of Organization for this Limited Liability Company	were filed on 11/16/2020	and assigned
Torida document number 1.20000361465		
his 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 "L1.C" o	or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		
Control of the Contro		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		.,
	, Flor	ida 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 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:

MCR = Manager

MGR = Manager AMBR = Authorized Member

AMBR = A	uthorized Member	2021 IAN O AM 7-25	
Title	<u>Name</u>	2021 JAN -8 AM 7: 25 Address	Type of Action
MGR	Larry D. Wilburn Jr	1734 Tealbriar Ave. Oviedo, El: 32765; El	
			□Remove
			□Change
			□Add
			□Remove
			□Change
-			□Add
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Yarid Wilburn		•
Typed or printed name of signee		

Filing Fee: \$25.00