Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000894783)))



H210000894783ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : LEGALZOOM.COM INC.

Account Number: 120010000062 Phone: (323)962-8600 Fax Number: (323)962-3889

:...
**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address: bybfitness365@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BE YOUR BEST FITNESS LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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TO:

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Registration Section

COVER LETTER

Division of Co	rporations		
	BEST FITNESS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moscley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th F1		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	bybfitness365@gmail.com	to be used for future annual report notific	nation)
For further information	concerning this matter, please co	·	acion
To turner information	concerning ans mader, please ca		
Cheyenne Moseley		800 773-0888 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 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)
	LING ADDRESS:	STREET/COURIE	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To: 18506176380

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records imited Liability Company)	.)
npany were filed on 12/07/2020	and assigned
	,
ed liability company here:	
d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u></u>	
	<u>_</u>
	- <u> </u>
<u></u>	
red office address on our records ss here:	, enter the name of the new
	
Enter Florida street address	
	rida
City	Zip Code
	d liability company here: d Liability Company," the designation "LLC" SS) red office address on our records ss here: 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

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

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<u>Title</u>	Name	Address	Type of Action
AMBR	GUTHRIÉ M LEWIS		
		2401 S OCEAN DR, 2801 HOLLYWOOD, FL 33019	≅ Remove
			Change
			D Add
			D Remove
			☐ Change
			D Add
		□ R c move	
		□ Change	
			D Add
		Remove	
			□ Change
			D Add
	•		☐ Remove
			Change
			☐ Remove
			Change

	·
	•
7 F.C.	tive date, if other than the date of filing:
(If an o	tive date, if other than the date of filing:
f the ro b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	2122 .21
	9th Bln
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00