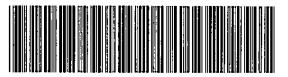
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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Submose Zilli, Name)                   |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

A. BUTLER FEB 2 2 2022

## **COVER LETTER**

| то:      | Registration Section<br>Division of Corpora |   |   |   |
|----------|---|---|---|---|
| SUBJE    | ст: <u>I</u> л                              | MORE FITH                                     | NESS LLC  |   |
|          |   | Name of Limit                                 | cu maosity company  |   |
| The end  | losed Articles of Ame                       | ndment and fee(s) are subn                    | nitted for filing.  |   |
| Please r | eturn all corresponden                      | ce concerning this matter to                  | o the following:  |   |
|          | -   | AKEEM   | DANTELS<br>Name of Person   |   |
|          | -   | IMM   | ORE FITNESS LL<br>Firm/Company                                      | <u>C</u>  |
|          | -   | 462 N. T.                                     | ERRY AVE APT 1  | 1127  |
|          | -   |   | OO, FL 32801  |   |
|          | _   | akcon - danie<br>E-mail address: (10          | els Qyahoo.com  o be used for future annual report not              | itication)  |
| For furt | her information conce                       | rning this matter, please ca                  |   |   |
|          | AKEEM DA<br>Name of Pers                    | NTELS<br>on                                   | at ( <u>401</u> ) <u>414</u> -                                      | - 3366<br>ne Telephone Number   |
| Enclose  | ed is a check for the fo                    | lowing amount:                                |   |   |
| \$2:     | 5.00 Filing Fee C                           | \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul> |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TMMORE FITNE   | 55 LLC  |                          |
|--|---|--------------------------|
| (A Florida Limited   | pany as it now appears on our records.)<br>d Liability Company) |                          |
| The Articles of Organization for this Limited Liability Compar<br>Florida document number $\underline{L20000396991}$ . | ny were filed on <u>FEBRUARY</u> 5 <sup>th</sup> 20             | 27 and assigned          |
| This amendment is submitted to amend the following:  |   |                          |
| A. If amending name, enter the new name of the limited lia   | ability company here:   |                          |
| The new name must be distinguishable and contain the words "Limited Lia  |   |                          |
| Enter new principal offices address, if applicable:  | 924 N MAGNOLIA  | AVE SUITE 202            |
| (Principal office address MUST BE A STREET ADDRESS)  | UNTT # 5167<br>Orianoo, FL 32803                                |                          |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                  |   |                          |
| Mulling uturess MAT BL AT OST OFFICE BOSY  |   |                          |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:       | e address on our records, enter the nan                         | ne of the new registered |
| Name of New Registered Agent:  |   | <del></del>              |
| New Registered Office Address:   | Enter Florida street address                                    |                          |
|  | Enter Florida street address                                    |                          |
|  | , Florida   | 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:

| MGR =  | Manager    |        |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| Title | <u>Name</u> | <u>Address</u> | Type of Action                    |
|-------|-------------|----------------|-----------------------------------|
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|       | ·           |                | □Remove                           |
|       |             |                | Change                            |
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|       |             |                | □Remove                           |
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|       |             |                | □Add                              |
|       |             |                | □Remove                           |
|       |             |                | □ Change                          |

## Page 2 of 3

| i amen(         | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| _               |   |
| <u>Note:</u> If | e date, if other than the date of filing:   |
|                 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of othe day after the record is filed. |
| ated            | FEBRUARY 5th 2022   |
|                 | Signature of a member or authorized representative of a member  |
|                 | AKEEM DANIELS   |
|                 | Typed or printed name of signce   |