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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations					
	sonal Training LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Ryan Sullivan					
		Name of Person				
	Sully's Personal Training					
		Firm/Company				
	10620 Parkers Landing Dr	ive unit 302				
		Address				
	Tampa Florida 33615					
		City/State and Zip Code				
	sullys.pt@gmail.com	to be used for future annual report not	(6			
For firmbon in farmers		·	meation)			
ror turther information c	oncerning this matter, please co					
Name o	Juli (iVan	$\frac{1}{1}$ at $\frac{515}{1}$ Area Code Daytim	9895 ne Telephone Number			
Enclosed is a check for the	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction			
Division of C	orporations	Division of Cor				
P.O. Box 632	7	The Centre of T	Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or	THE PARTY OF THE PARTY OF THE
		10 PM 3: 48
Sully's Personal Training LLC		21 APR 19 PM 3: 48
(Name of the Limited Lia (A Flo	bility Company as it now appears on or rida Limited Liability Company)	ur records.)
	0.10.00	۵.
The Articles of Organization for this Limited Liability	Company were filed on $\frac{01/06/20}{1}$	and assigned
Florida document number L21000018919		
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	Big Sully Holdings LLC
The new name must be distinguishable and contain the words "I	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe	red office address on our record:	s, enter the name of the new regist
gent and/or the new registered office address here	2	
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	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 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

MGR = M $AMBR = A$	lanager Authorized Member	Address 21 APR 19 PM 3: 49	
<u>Title</u>	<u>Name</u>	Address 21 APR 19 PM 3: 49	Type of Action
AMBR	Ryan Sullivan	10620 Parkers Landing Drive Unit 302	
		Tampa Florida 33615	□Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inspeted in this bit.	date of filing:		0.01		_ (option	ıal)	_			
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document's effective date on the D	epartment of Sta	ate's records.								
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e record specifies a delayed effectiv rd is filed.	e date, but not a	in effective time	e, at 12:01 a.m.	on the earlie	er of: (b)	The	90th 6	day after the		
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Dated February 1st		2021								
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Typed or printed name of signee