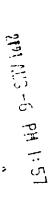
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Special Instructions to	Filing Officer:	
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Office Use Only





## **COVER LETTER**

	stration Sec sion of Corp			
CUD W.CT		itness Life LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of 7	Amendment and fee(s) are sub	emitted for filing.	
Please return a	all correspor	ndence concerning this matter	to the following:	
		Edward Delgado		
			Name of Person	_ <del></del>
		Power Up Fitness Life LL0	c	
			Firm/Company	<del></del>
		2311 NW 10th Ave Apt. 3	02	
			Address	· · · · · · · · · · · · · · · · · · ·
		Miami, FL 33127		
			City/State and Zip Code	<del></del>
		powerupfitnesslife@outlool		Situation -
For further int	formation co	e-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	meadon)
Edward Delga	ado		786 702-0518	
	Name of	Person		ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	ling 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)
	ing Address istration S		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Cor	Division of Corporations	
	. Box 632' ahassee, F		The Centre of 7	l'allahassee ce Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Up Fitness Life LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company	v were filed on 01/08/2021	and assigned
Florida document number L21000021167		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		5 :
		6
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
www.committee		. 2
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter (	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Edward Delgado	2311 NW 10TH AVE APT. 302 Miami FL. 33127	□Add
			□Remove
			<b>=</b> Change
AMBR	Katiria Dominguez	2311 NW 10TH AVE APT. 302 Miami FL, 33127	<b>=</b> Add
			□Remove
			Change
			□Āēd
			DRemove
			PA □Change : 57
		<u> </u>	57Add 
			□Remove
			□Change
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			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessa	
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		ر ن ا
		. <u>P</u>
		<del></del>
Effec	ive date, if other than the date of filing: (optional fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	)
li`an e: Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filin. If the date inserted in this block does not meet the applicable statutory filing requirements, this dat	g.) Pursuant to 605.0207 e will not be listed as
	nent's effective date on the Department of State's records.	
e reco rd is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Teld.	he 90th day after the
Dated	··	
	MI	
	Signature of a member or authorized appresentative of a member	<del></del>

Filing Fee: \$25.00

Typed or printed name of signee