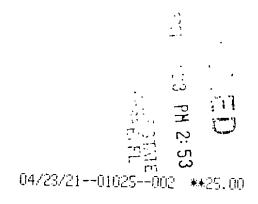
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-J	y WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Certified Copies	Certificates of Status
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Special Instruction	s to Filing Officer
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SECRETARY OF STATE FALL AHASSEE, ELDOID

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: MZ) Fitness LL Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Chase M3 Fitne	Name of Ferson SS LLC Pirm/Company	
	5505 Herry	andes dr #10f)
	(/rlando +1	wrida 3280 8 City/State and Zip Code	
	Chose Prince E-mail address: (to	earto annual . Como be used for future annual report notific	ration)
For further information c	oncerning this matter, please ca	II:	
hase Name o	Person (at (407) 955 Area Code Daytime	6943 Telephone Number
Enclosed is a check for the	ne 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)

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

M3 Fitness, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our re- liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L7100066061</u>	were filed on $\frac{02/0.9}{}$	$\frac{3}{2}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	1811	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3
		i ü
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	aaress on our recoras, <u>er</u>	Fig. 17
Name of New Registered Agent:		53 F.E.
New Registered Office Address:		-
	Enter Florida street aa	idress
	City	, Florida
N. B. L. J. M. St. J. B. St. and Lauret		Top Come

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 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>	Name	Address	Type of Action
MGR	Chose Irving	5505 Herndondes dr #10 Orlando FL 32808	6 WAdd
	9	Orlando FL 32808	□Remove
			□Change
MGB	Augustin Priber	1119 Pointe Newport	[J2Add
	Junaut R Augus	1119 Pointe Newport	□Remove
		FI \$ 32707	□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Add
			□Remove
			□Change
			□Add
			□Remove
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If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note	ve date, if other than the date of filing:
ord is fi	
Dated	4/23/21
	Chare JAVIAO Signature of a member or authorized representative of a member Typed or printed name of signee
	Chara Taxing
	Typed or printed name of signee

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