## 121000073941

(Re	questor's Name)	)
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(Au	ulessy	
(Cit	y/State/Zip/Phor	ne #)
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Certified Copies	Certificate	es of Status
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Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS JAN 28 2022



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub.	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lorraine Wright		
		Name of Person	<del></del>
	Leefit Workout Essentials,	LLC	
		Firm/Company	
	7775 NW 27th Ave. Apt 10	02	
		Address	<del></del>
	Miami, FL 33147		
		City/State and Zip Code	··· <del>·</del>
	leefitessential@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Lorraine Wright		786 442-9938	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEE FIT ESSENTIALS, LLC

company has been notified in writing of this change.

( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number L21000073941	iability Company	were filed on February 12, 2021		_ and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
Leefit Workout Essentials LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREI	ET ADDRESS)	N/A			
		N/A			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)	N/A			
		N/A			
B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent:	**	address on our records, <u>enter th</u>	ne name	of the new register	
	N/A	•		HAL	
New Registered Office Address:		Enter Florida street address	···	20	
	N/A	, Flor	ida STAT	<u> </u>	
		City	<u> </u>	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>	A.	30	
I hereby accept the appointment as register provisions of all statutes relative to the prop					

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager

	•	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
		N/A	□Remove
		N/A	□Change
			□ Remove
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		Immediately			_
Iffective date, if other than an effective date is listed, the date. If the date inserted in the locument's effective date on the	e must be specific a is block does not	nd cannot be prior to meet the applica	o date of filing or more ble statutory filing re	(option: than 90 days after fili quirements, this da	ng.) Pursuant to 605.020
record specifies a delayed eff d is filed.	ective date, but no	ot an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
Dated January 18		2022			
rated		- ·	$7_{\Lambda}$	$\sim$ 1	

Typed or printed name of signee