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SECRETARY OF STATE
TALLAHASSEE FATE

COVER LETTER

Registration Section Division of Corporations

WOE Fitne	ess LLC		
	Name of Lim	ited Liability Company	
nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
return all correspo	ondence concerning this matter	to the following:	
	Jacqueline		
		Name of Person	·····
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite ,	301	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.co		
	E-mail address: (to be used for future annual report noti	fication)
irther information c	concerning this matter, please co	all:	
netine c/o ZenBusiness INC		at () Area Code Daytim	
Name (of Person	Area Code Daytim	e Telephone Number
sed is a check for t	he 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

WOE Fitness LLC

(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records. Liability Company)	,	
ticles of Organization for this Limited Liability Company document number L21000077647	were filed on 02/15/2021	and assigned	
nendment is submitted to amend the following:			
mending name, <u>enter the new name of the limited liab</u>	vility company here:		
name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."	
new principal offices address, if applicable:	12925 Achasta Blvd		
ipal office address MUST BE A STREET ADDRESS)	Hudson, FL 34669		
		SECRETALLA	
		L'ÉT NOV	
new mailing address, if applicable:	12925 Achasta Blvd	-	
ng address MAY BE A POST OFFICE BOX)	Hudson, FL 34669	(S) (C) ≱	
mending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	ne name of the new registere	
New Registered Office Address:	Enter Florida street address		
	, Flor	ida	
	City	Zip Code	
egistered Agent's Signature, if changing Registered Agent:			
by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete the obligations of my position as registered agent as filed to merely reflect a change in the registered office by has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is	
If Cha-	nging Registered Agent Signature of S	New Registered Agent	

ending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>toved from our records</u>:

= Manager

R = Authorized Member

<u>Name</u>	Address	Type of Action
Yannick Judie	12925 Achasta Blvd	
	Hudson, Fl. 34669	□Remove
		= Change
Hikma Jemal	12925 Achasta Blvd	
	Hudson, FL 34669	_
		□Change
		□Add
		□Remove
		□Change
		□Remove
		□ Change
		□Add
		□Remove
		□Add
		П Кетюче
	•	☐ Change

	ate of filing: be specific and cannot be prior to date.	e of filing or more than 90 days statutory filing requirements	optional) after filing.) Pursuant to 605.0207 (3 , this date will not be listed as th
If the date inserted in this bloc ent's effective date on the Dep		at 12:01 a.m. on the earlier of	f: (b) The 90th day after the
If the date inserted in this blockers is effective date on the Department's effective date of the Department is pecified a delayed effective of	artment of State's records. date, but not an effective time, a	nt 12:01 a.m. on the earlier o	f: (b) The 90th day after the

Filing Fee: \$25.00