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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GET RIC	OHT FITNESS LLC ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
	RigHT FITNESS LLC Firm/Company
<u> 7924 (</u>	Address
	City/State and Zip Code 2. Alex 2017 (Duchon . Com address: (to be used for future annual report notification)
For further information concerning this matter	•
Ector Power Name of Person	at (786) 442 - 4359 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$30.00 Filing Fee Certificate of	Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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 \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GET RIGHT FITNESS LCC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 62-21-2021 and assigned Florida document number L2100086914.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	_
Enter new principal offices address, if applicable:	_
(Principal office address MUST BE A STREET ADDRESS)	_
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:	<u>ered</u>
Name of New Registered Agent: EOCI A DOMEZ	-
New Registered Office Address: 7924 Perrorche RD Enter Florida street address	_
Hiromor , Florida 33023	D
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 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. Qr, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limite diability 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

Title	Name	Address	Type of Action
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Filing Fee: \$25.00