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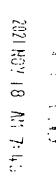
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A. BUTLER DEC - 7 2021

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

SUBJECT:	CMH Fitne	ess, LLC	: 
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for	
Please return all correspo	ondence concerning this matter t	to the	
	Melan	e Henry Name of Person	
		- Fitness, LL	
		amshot PLac	
	Lutz, Fl	23559 City/State and Zip Code Conhinvests. O be used for future annual report notif	C022
	E-mail address: (to	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ll:	
Melanie	Henry	at (407) 873 Area Code Daytime	5-5388 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	12 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMH	Fitness, LLC	
( <u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on da Limited Liability Company)	our records.) Fil. 1-4.
The Articles of Organization for this Limited Liability Florida document number <u>L21000871</u>	Company were filed on2	122 2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company the designation	ation "LLC,, or the abbreviation "L.L.C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u>_</u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	ls, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
<u></u>		Florida
	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 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	Melanie Henry	17915 Bramshot PL	<b>N</b> Add
	7	17915 Bramshot PL Lutz, FL 33559	□Remove
		<del></del>	□Change
			□Add
			□Remove
		<del></del>	□Change
<del></del>			□Add
			□Remove
			□Change
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			□ Change
			□Add
			DRemove
			□ Change
			□Add
			□Remove

Effective date, if other than the date of filing:	
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Signature of a member of author) of representative of a member	<u> </u>