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SECRETARY OF STATE
TALLAHASSEE, PATE

130/21

COVER LETTER

Registration Section

TO:

Division of Co	orporations				
BoldPhys	ique LLC		ŧ		
SUBJECT:	Name of Lin	nited Liability Company			
	of Amendment and fee(s) are sub	-			
Please return all corresp	ondence concerning this matter	to the following:			
	Andrea Carter				
		Name of Person			
	BoldPhysique LLC		SEC TA	2021 2021	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Firm/Company	FR		
	4604 49th st north #142		TARY OF	9	
	·	Address	ÿ⊃ mn	3 1	
	St Petersburg FL 33712		STAT E, FL	D :21 H4	
		City/State and Zip Code	ी ।	O,	
	TRUPhysique@yahoo.com E-mail address: (to be used for future annual report not	Lification)		
For further information	concerning this matter, please c		,		
Andrea Carter		817 9028056 at ()			
Name	of Person		ne Telephone Number		
Enclosed is a check for	the following amount:				
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &	
Mailing Addre Registration Division of P.O. Box 63 Tallahassec,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations)	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOLDPHYSIQUE LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compar	1y were filed on 3/22/2021		and assigned
Florida document number L21000131796			-
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited lia	ability company here:		
TRUPhysique LLC			
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	1 "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		S E	28 28 28
Principal office address MUST BE A STREET ADDRESS)		ALE ALE	
		TAI	Clarita
		SO The	المالات ا
Inter new mailing address, if applicable:		fTT	
Mailing address MAY BE A POST OFFICE BOX)		FA	; 'J
		mõ	ň
3. If amending the registered agent and/or registered office	e address on our records.	enter the name	of the new regis
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	*****	or the heart
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
New Registered Office Address.	Enter Florida street	address	
		T71 2 -4	
	City	, Florida	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
MGR	Tateyana Titus	3010 sw 23rd Terr Apt 28 Gainesville FL 32608	□∧dd
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			□Change
			□Add
			🗆 Remove
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Tective date, if other an effective date is listed, ote: If the date inserted ocument's effective da	the date must be specified in this block does	fic and cannot be prior to not meet the applica	to date of filing or mon	(optio than 90 days after t requirements, this	iling.) Purse	tant to 605.020 of be listed a
record specifies a delay is filed.	yed effective date, bu	it not an effective tir	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th	day after the
ited July 5th		. 2021	_·			
		e ?				
	Simbatan	of a member or author	right miner manting of			