L21000209846

	(Requestor's Name)	
·	(Address)	
	(Address)	
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	(Document Number)	
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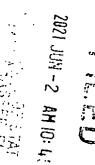
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FitFab.Fun LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appea	ars on our records.)	
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on _	5/5/2021	and assigned
lorida document number <u>L21000209846</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			203
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
			نعين و المتنابع الانتانان
			7
Enter new mailing address, if applicable:			100 E
Mailing address MAY BE A POST OFFICE BOX)			i o
			្តី ហ៊ី
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:		n our records, <u>e</u>	enter the name of the
New Registered Office Address:			
	Enter Flo	orida street address	
		, Floric	laZip Code
	City		Zip Code
Sew Registered Agent's Signature, if changing Registered Agent:	-		
hereby accept the appointment as registered agent and agr	ee to act in this	capacity. I furthe	er 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. 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 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** 1336 Madison chase apt1 Florida 33411 AP Kessan Francis □ Add Xx☐ Remove _□ Change Florida 33411 Joshua Forrest AP 13336 Madison chase apt1 Xx☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove _□ Change □ Add ☐ Remove □ Change □ Add

☐ Remove

☐ Change

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(If an e Note:	tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

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