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COVER LETTER

Nume of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Jungot Riben Augustin
Fitness SECURITY LLC Firm/Company
1119 pointé newport tEN 115
Cosselberry FL 32707 City/State and Zip Code Fauront 216 6 40 hoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Junget Ribkn Au Crustin at (407) 334-0569 Name of Person Area Code Daytime Telephone Number
Einclosed is a check for the following amount: [27] \$25.00 Filing Fee

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Registration Section Division of Corporations

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

Fitness SEC	urity LLC	
(Name of the Limited Liabil) (A Florid	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on U22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	sited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	, 282
(Principal office address MUST BE A STREET ADD)	RESS)	
		the second second
Enter new mailing address, if applicable:		i i
(Mailing address M. (Y BE A POST OFFICE BOX)		-n: 07
B. If amending the registered agent and/or registered	document number \(\ldots \) \(
igent and/or the new registered office address here:		
Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida street address	
	City	Zip Code

New Registered Ager Us 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 Changing Registered Agent. Signature of New Registered Agent

H'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>	Sarae	Address	Type of Action
M613	EVER Daniel Ganlia	117 PIERCES COURT	tXudd
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MGR Robei	Roberto brutus	350 loth st NAPT GS)_Xadd
		Noples FL 34102	Remove
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an et <u>ote:</u>	ive date, if other than the date of filing:
recor is ti	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ded.
ited	07-02-2021
	Signature of a pember statishorized representative of a member
	Junput RibEn AuGustin Typed or printed name of signee