## 121000281353

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## **COVER LETTER**

TO;	Registration Se Division of Cor		, , , , , , , , , , , , , , , , , , ,	8°	
SUBJE		TNESS CENTER LLC	•	4	
		Name of Lim	ited Liability Company	<del></del>	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		ISRAEL J FRIAS CALDE	ERON		
			Name of Person	<del></del>	
		SPECK FITNESS CENTE	ER LLC		
			Firm/Company		
		5287 IMAGES UNIT 308			
	<del></del>				
		KISSIMMEE, FL 34746			
israelfrias12@gmail.com			City/State and Zip Code		
		E-mail address: (	to be used for future annual report noti	fication)	
For furt	her information c	oncerning this matter, please c	all:		
ISRAEL J FRIAS CALDERON		786 5770191 at ( )			
	Name o	f Person		e Telephone Number	
Enclose	d is a check for th	ne following amount:			
₩ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPECK FITNESS CENTER LLC	
(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 06/17/2021  Florida document number L21000281353	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
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)	
3. If amending the registered agent and/or registered office address on our records, enter the nam	
gent and/or the new registered office address here:	<u>ie or the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	75-2 (5-5 (5-1)
Enter Florida street address	
City-	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:	. P

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	ARGIMIRO R. FRIAS GUITIERREZ	8425 NW 41 STREET. DORAL, FL 33166	<b>=</b> Add
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ontis.	date, if other than the date of filing: (optional)	
	ve 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 605.020
<u>te:</u> l	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not b	
cume	's effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
is file		
	CTOBER 13 2021	
ted_	)	
	Sne Trio	

Typed or printed name of signee