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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TO:

| | ation Sec n of Corp | | | | |
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| | ACK MAI | RKETING LLC | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | , | |
| The enclosed Art | ticles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please return all o | correspon | dence concerning this matter | to the following: | | |
| | | DAVID MACK | | | |
| | | | Name of Person | ·· · - · | |
| | | SWEAT HARD FITNESS | LLC | | |
| | | · | Firm/Company | | |
| | | 732 ELM AVENUE | | | |
| | | | Address | | |
| | | PANAMA CITY, FL 3240 |) | | |
| | | | City/State and Zip C | ode . | |
| | | DAVID.CLMACK@YAHO | | | |
| For further infort | mation co | e-mail address: (i | to be used for future an | nuai report nouis | cation) |
| DAVID MACK | | | 850 at (| 867-1753 | |
| | Name of | Person | Area Code | Daytime | Telephone Number |
| Enclosed is a che | eck for the | following amount: | | | |
| ■ \$25.00 Filing | g Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Certified Cop (additional copy | y | S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed) |
| Registi Divisio P.O.B | Address ration Sconsof Co ox-6327 assee, F. | ection rporations | Reg Div The | | oorations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACK MARKETING 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 $\frac{07/09/2021}{1}$ and assigned Florida document number L21000315352 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SWEAT HARD FITNESS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____. 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 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 |

| <u>Title</u> | Name | Address | Type of Action |
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| an effective date is listed, the date must b | ate of ining: e specific and cannot | be prior to date of fili | ng or more than 90 da | (optional) ys after filing.) Pursuant to | 605.0207 |
| ote: If the date inserted in this bloc ocument's effective date on the Dep | | | ry filing requiremen | its, this date will not be | listed as |
| semient's effective date on the Dep | ariment of State's f | records. | | | |
| record specifies a delayed effective o | late, but not an effi | ective time at 120 | a.m. on the earlier | of: (b) The 90th day | after the |
| is filed. | ane, our net un erre | terre time, in 12.11 | ann on the earlier | on (e) The zon day | uncor tire |
| AUGUGT 15TH | 2021 | | | | |
| ated AUGUST 12TH | . 2021 | · · | | | |
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| ` | (6 | or authorized represe | | | _ |

Filing Fee: \$25.00

Typed or printed name of signee