## L2/000320852

	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	(Business Entity Name)
	(Dashiess Linky Harris)
	(Document Number)
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JUNGLE FIT GYM LLC  Name of Limited Liability Company
Name 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:
Armandu Martinez.  Name of Person
Jungle Fit Gym LLC Firm/Company
6745 SW 8th St Address
Micimi, FL 33144  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Armando Martinez at (305) 399 - 3183  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\$ \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \$\Bigcup \$\Bigcup \$55.00 Filing Fee \$\Bigcup \$\Bigcup \$560.00 Filing Fee \$\Bigcup
Mailing Address:  Street Address:  Description Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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Jungle fit Gym_	upany as it now appears on our records.)
Name of the Limited Liability Com (A Florida Limite	upany as it now appears on our records.)
The Articles of Organization for this Limited Liability Comparison document number <u>L 2\ 000320852</u> .	ny were filed on $17 = 14.221.$ , and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li  Tungle Fit LLC  The new name must be distinguishable and contain the words "Limited Lie	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6745 3W 8th St Miami, FL 33144
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	142 NW 202 TR #101 Miami, FL 33169
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Change
			□Add
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i`an effecti Note:=It`t	date, if other than the date of e date is listed, the date must be spec- ne date inserted in this block doe s effective date on the Departme	ific and cannot be prior s not meet the applica	able statutory intig	e than 90 days after filing	.) Pursuant to 605.020
record spid is filed.	ecifies a delayed effective date, t	out not an effective ti	me, at 12:01 a.m. o	the earlier of: (b) T	ne 90th day after th
Dated	11/15/2023	·	·		•
	, , , ,				
	Signatu	re of a member or auth	orized representative	of a member	

Filing Fee: \$25.00