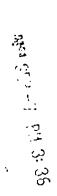
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COVER LETTER

TO: Registration Sc Division of Cor			
FUFU GYI	M LLC		
SUBJECT:	Name of Lim	ited Liability Company	
Marine and the American section	A Inc 1 C ()	anche and Completion a	
	Amendment and fee(s) are sub-	_	
riease return an correspo	indence concerning this matter	to the following.	
	NEYITH R. NIMER		
		Name of Person	
	FUFU GYM LLC		
		Firm/Company	
	875 WEST FLAGER ST		
		Address	
	MIAMI, FL 33130		
	 	City/State and Zip Code	
	mariacorona@daercorona.c		
For further information c	h-mail address: (oncerning this matter, please c	to be used for future annual report n all:	otification)
Maria Corona		954 394-1822	
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration S	Section
Division of C	orporations	Division of C	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUFU GYM, LLC			
(Name of the Limited I	Liability Compa Florida Limited	iny as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Liabi	ility Company	were filed on 07/15/2021	and assigned
Florida document number L21000323989	-		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation	"LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	N/A	
(Principal office address MUST BE A STREET A	ADDRESS)		-, 3 -, 22 -, 63
			<u> </u>
			-
Enter new mailing address, if applicable:		N/A	;
(Mailing address MAY BE A POST OFFICE BO)X)		70
	<u>,</u>		<u>ښ</u>
		···	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		address on our records, g	enter the name of the new registere
Name of New Registered Agent:	N/A		
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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	NEYITH R. NIMER	875 WEST FLAGER ST	
		MIAMI, FL 33130	■Remove
			☐ Change
AMBR	NEYITH R. NIMER	875 WEST FLAGER ST,	■Add
		MIAMI, FL 33130	□Remove
			ņ ;
			Dydq □ □ Vqq
			□Remove
			□Change
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			Change
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