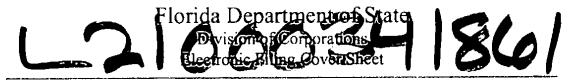
5/20/22, 11:37 AM

Division of Corporations



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COVER LETTER

	gistration Scr vision of Cor						
SUBJECT	FITKHING	LLC					
Subject.	•	Name of Limited Liability Company					
The enclose	ed Articles of .	Amendment and fee(s) are sub-	nitted for filing.				
Please retur	m all correspo	ndence concerning this matter t	o the following:				
		Cheyenne Moseley					
			Name of Person	**************************************			
		Legalzoom.com, Inc.					
			Firm/Company	· · · · · · · · · · · · · · · · · · ·			
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		E-mail address: (to be used for future annual report notif	ication)			
For further	information c	oncerning this matter, please ca	ill:				
Cheyenne	Moseley		800 773-0888 at ()				
 	Name o	f Person	Area Code Daytine	Telephone Number			
Enclosed is	s a check for th	he following amount;					
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

LegalZoom.com, Inc.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FITKHING LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000341861	were filed on <u>07/28/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FitWa LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:		1 Testing 1 Test
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
		22)
Name of New Registered Agent:		MAY 7
New Registered Office Address:		0 72
-	Enter Florida street address	HIV OD OD OD
	, Floric	la Zip Gode
	vii)	

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

'Page: 5 of 6

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 = M $AMBR = A$	lanager uthorized Member	ed Member		
Title	<u>Name</u>	Address	Type of Action	
			□ Remove	
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To: ~18506176383 Page: 6 of 6 2022-05-20 09:40:06 PDT LegalZoom.com, Inc. From: Laura Roc

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(li`an <u>Not</u>	ctive date, if other than the date of filing: effective 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 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ament's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ne 90th day after the record is filed.
Date	05/16/2022 MJ
	She faithfu of a member or authorized representative of a member
	Shelomi Jonka
	Typed or printed name of signee

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Filing Fee: \$25.00