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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Matthew Confirmed that this |
| entity will be labled as an |
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| 11:15am |

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| TO: Registration Se Division of Cor | ection porations | | | |
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| Roaring Li | on Fitness LLC | | | |
| SUBJECT: | Name of Limi | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for tiltor | | |
| | ondence concerning this matter t | - | | |
| | Matthew Fannon | | | |
| | | Name of Person | | |
| | Roaring Lion Fitness Lt.C | | | |
| | | Firm'Company | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | 2011 NW 111th Terrace | | | |
| | | Address | | |
| | Pembroke Pines, FL 33026 | | | |
| :natfannen@gmail.com | | City/State and Zip Code | | |
| For further information - | is-mail address: (I concerning this matter, please or | n oe used für fatüre annual (ep ell: | ert norrication; | |
| Matthew Farmon | | 954 515-6 | 919 Daytime Telephone Number | |
| Nunie (| of Person | Area Cade | Daytime Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| ☐ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is ructus | Sound Filing Fee. Certificate of Status of Certified Copy Gadditional copy is enclosed. | |
| Mailing Addre | | <u>Street Add</u> | | |
| Registration | | | on Section of Corporations | |
| Division of (| Division of Corporations | | OLI ATROTALIANS | |

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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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

Roaring Lion Fitness LLC

| The new name must be distinguishable and contain the words "Limited Embility Company," the designation "LEC" or the abbreviation "LEC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: | (Namy of the Unpited Liability Com (A Florida Unpited | o <u>any as it now appears on our record</u> i Liability Company) | 5.1 |
|--|---|--|--------------------------------|
| A. If amending name, enter the new name of the limited liability company here: Roaring Lion Enterprises L.C. The new name must be distinguished and contain the words "Limited Liability Company," the designation "LLC" or the abbieviation "LLC." 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 ROX) B. If amending the registered agent anti/or registered office address on our records, exter the name of the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address | | ry were filed on <u>08/09/2021</u> | and assigned |
| Roaring Lion Enterprises LLC The new name must be distinguishable and contain the words "Limited Cability Chorpeny," the designation "LLC" or the abbieviation "LLC" 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 anti/or registered office address on our records, enter the name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address | This amendment is submitted to amend the following: | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROW) B. If amending the registered agent analor registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | A. If amending name, enter the new name of the limited liz | ability company here: | |
| Enter new principal office address. if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX) B. If amending the registered agent and/or registered office address on our records, gater the name of the new registered office address here: New Registered Office Address: Enter Florida street address Enter Florida street address | Roaring Lion Enterprises, LLC | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROW) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | The new name must be distinguishable and contain the words "Limited Lin | bility Company," the designation "LL". | " or the abbieviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent ami/or registered office address on our records, enter the name of STATE agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address | Enter new principal offices address, if applicable: | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent anti/or registered office address on our records, enter the name of New Registered Office address here: Name of New Registered Agent: New Registered Office Address: Enter Floridu street address | (Principal office address MUST BE A STREET ADDRESS) | | |
| Name of New Registered Agent: New Registered Office Address: Enter Florida street address | AND THE STATE OF A PART APPROXICE PARTS | | 2022 N SECS |
| New Registered Office Address: Enter Florida street address | B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | ce address on our records, <u>ente</u> i | 70 |
| Enter Florida street address | Name of New Registered Agent: | | · |
| | New Registered Office Address: | Enter Florida street addre | vsS |
| City Zip Code | | F | lorida |
| · | | City | Zip Code |
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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> | Name | Address | Type of Action |
|--------------|------|---|----------------|
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| Dated | 2022 |
| Matte D | Quature of a member or authorized representative of a member |
| Matthew Fannon | |
| | Typerl or printed name of signce |