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| (Red                      | questor's Name)        |
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| (City                     | y/State/Zip/Phone #)   |
| PICK-UP                   | WAIT MAIL              |
| (Bus                      | siness Entity Name)    |
| (Doc                      | cument Number)         |
| Certified Copies          | Certificates of Status |
| Special Instructions to F | Filing Officer:        |
|                           |                        |
|                           | 08/30/21<br>TM         |

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21 AUG 20 PH 1: 38

## **COVER LETTER**

FO:

Registration Section
Division of Corporations

| SUBJECT: Cod                     | y Skinner Fit                             | ness LLC  |  |
|----------------------------------|---|---|--|
|                                  | Name of Lim                               | ited Liability Company  | •  |
|                                  |   |   |  |
| The enclosed Articles of Ar      | mendment and fee(s) are sub               | mitted for filing.  |  |
| Please return all correspond     | lence concerning this matter              | to the following:   |  |
|                                  | Codu                                      | Skinner<br>Name of Person   |  |
|                                  |   |   | <u>. ,</u>   |
|                                  | Cody S                                    | Skinner Fitness<br>Firm/Company                                     | ; LLC  |
|                                  |   | Firm/Company  |  |
|                                  | 4070 Taa                                  | gart Cay North  | Apt 106  |
|                                  |   |   |  |
|                                  | Sarasota 1                                | -L 34233<br>City/State and Zip Code<br>ner fitness@gmail.com        |  |
|                                  | م مل بجار م                               | City/State and Zip Code   | _  |
|                                  | Coayskin                                  | ner Timessagman.com to be used for future annual report n           | ()   |
|                                  |   |   | ouncation)   |
|                                  | cerning this matter, please c             | all:  |  |
| Cody St                          | inner                                     | at (660) 631-   | 9959   |
| Name of P                        | erson                                     | Area Code Day   | time Telephone Number  |
|                                  |   |   |  |
| Enclosed is a check for the      | following amount:                         |   |  |
| \$25.00 Filing Fee               | S30.00 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) |
| Mailing Address: Registration Se |   | Street Address:<br>Registration S                                   |  |
| Division of Cor<br>P.O. Box 6327 | porations                                 | Division of C<br>The Centre of                                      | -  |
| Tallahassee, FL                  | . 32314                                   |   | roe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Cody Skinner Fitness LLQ AUG 20 PH 1:38

| (Name of the Limited Liability Com<br>(A Florida Limite   | pany as it now appear<br>d Liability Company) | s on our records.)  |
|---|---|---|
| he Articles of Organization for this Limited Liability Compar<br>lorida document number <u>L2</u>  003 <i>6</i> 6247  | ny were filed on A                            | ugust 15th 2021 and assigned  |
| his amendment is submitted to amend the following:  |   |   |
| . If amending name, enter the new name of the limited lis   | ability company he                            | <u>re</u> :   |
| ne new name must be distinguishable and contain the words "Limited Lia  | bility Company," the d                        | esignation "LLC" or the abbreviation "L.L.C."                                   |
| nter new principal offices address, if applicable:  |   |   |
| Principal office address MUST BE A STREET ADDRESS)  |   |   |
|   | <u></u>                                       |   |
|   |   |   |
| nter new mailing address, if applicable:  | <del></del>                                   |   |
| Mailing address MAY BE A POST OFFICE BOX)   | <u></u>                                       |   |
|   |   |   |
| . If amending the registered agent and/or registered office gent and/or the new registered office address here:   | e address on our re                           | ecords, enter the name of the new registered                                    |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  |   |   |
| New Registered Office Address.  | Enter Flor                                    | ida street address  |
|   |   | , Florida   |
|   | City  | Zip Code  |
| ew Registered Agent's Signature, if changing Registered Agen  | <u>ıt:</u>                                    |   |
| hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and comple except the obligations of my position as registered agent agent filed to merely reflect a change in the registered officempany has been notified in writing of this change. | te performance of<br>s provided for in C      | my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR = Manager

| MBR = A      | Authorized Member | 21 AUG 20 PH 1: 30                                  |                |
|--------------|-------------------|---|----------------|
| <u>`itle</u> | <u>Name</u>       | Auuress   | Type of Action |
| <u>IGR</u>   | Cody Skinner      | 4070 Taggart Cay North<br>Apt 106 Sarasota FZ 34233 | X(Add          |
|              |                   | Apt 106 Sarasota FZ 34233                           | Remove         |
|              |                   |   | Change         |
|              |                   |   | 🗆 Add          |
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| ctive<br>effective | date, if o                | other the | ian the     | date of<br>st be spec | f filing<br>ific and | g:      | t be prio                             | r to date | of filing   | or more (   | han 90 d      | ays afte  | onal)<br>r filing.) | Pursuant    | to 605.02   |
|                    | he date in<br>'s effectiv |           |             |                       |                      |         |                                       |           | itutory i   | tiling re   | quireme       | nts, th   | is date v           | vill not b  | e listed :  |
| ممانعة             | ecifies a                 | السيماما  | nffactiv    | na dota. It           | ud nat               | an aff  | activa (                              | ima at    | 12:01 a     | m on t      | ha aarli      | r of: (   | s). The             | Onth day    | v after th  |
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| d                  | Aug                       | ust       | 17          | th<br>                | ,                    | 20      | 72                                    |           |             |             |               |           |                     |             |             |
|                    |                           | (         | nbo         | 2/-                   |                      |         |                                       |           |             |             |               |           |                     |             |             |
|                    |                           | v         |             | Signatur              |                      |         |                                       |           |             |             |               |           |                     |             |             |