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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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22 Fro - 3 PN 3: 17

T. MATTHEWS FEB 1 4 2022

COVER LETTER

TO:

TO: Registration S Division of Co			
	ess Technologies, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mark Hammonds		
		Name of Person	
	Enso Fitness Technologies	, LLC	
	-	Firm/Company	
	401 E Jackson St., Suite 33	300	
		Address	
	Tampa, Fl. 33602		
		City/State and Zip Code	
	mark@bitmotive.com E-mail.address: (to be used for future annual report notif	lication)
For further information	concerning this matter, please c		
Mark Hammonds		813 601-8907	
Name of Person		at () Area Code Daytimo	e Telephone Number
Enclosed is a check for	the 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)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enso Fitness Technologies, LLC

22 FT -2 FH 3: 17

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number 1.21000382369 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mark Hammonds	401 E Jackson St.	Add
		Suite 3300	□Remove
		Tampa, FL 33602	_
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the D	ock does not meet the applicab	date of filing or more than le statutory filing requi	(optional) 90 days after filing.) Pursuant rements, this date will not	t to 605,0207 (be listed as t
record specifies a delayed effective is filed.	e date, but not an effective time	2, at 12:01 a.m. on the e	earlier of: (b) The 90th da	ny after the
January 22	2022	. •		
nted Max D2	. 2022			
nted Max D2	Signature of a member or authorize	zed representative of a me	ember	