

4-1-24, 3:03 PM

Division of Corporations

L21000483071

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H240001196983

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((H240001196983))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EMBODYGRIT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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T. LEMIEUX  
APR 02 2024

Electronic Filing Menu Corporate Filing Menu Help

H240001196983

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H24000119698.3

EmbodyGrit LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/08/2021 and assigned  
Florida document number L21000483071.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

7030 half moon circle

APT 216

Hypoluxo road, FL 33462

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

7030 half moon circle

APT 216

Hypoluxo road, FL 33462

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

City

Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jonathan Michael Schaeffer	7030 Half moon circle	<input type="checkbox"/> Add
		APT 216	<input type="checkbox"/> Remove
		Hypoluxo Road , FL 33462	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)***

Business Purpose : EmbodyGrit is a fitness lifestyle coaching service designed to assist and motivate clients to step out of their comfort zones and begin a life centered around health & fitness!

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated April 1st 2024

s/ Jonathan Michael Schaeffer

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jonathan Michael Schaeffer

\_\_\_\_\_  
Typed or printed name of signee

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**Filing Fee: \$25.00**