LZ1000483706

(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:	7





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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atmosphere fitness IIc

Authophor	6 11(11000 110	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L21000483706</u> .	were filed on <u>11/09/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Elevate Fitness USA	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
	Elevate Fitness USA LLC The must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L. The principal offices address, if applicable: Office address MUST BE A STREET ADDRESS) The mailing address, if applicable: Indirect MAY BE A POST OFFICE BOX) Inding the registered agent and/or registered office address on our records, enter the name of the new registered office address here:	
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(Mailing address MAY BE A POST OFFICE BOX)		
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D. If amonding the registered agent and/or registered office a	ddress on our records, enter the	name of the new registered
agent and/or the new registered office address here:		
agent untown the new reg		
Name of New Registered Agent:		
1000-1100		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florid	aZip Code
	City	r.up Com
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S	. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
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ote: It the	ate, if other than the date date is listed, the date must be date inserted in this block effective date on the Department.	k does not meet in	e applicable su	of filing or more to	(option 90 days after quirements, this	onal) filing.) Pursuant date will not b	to 605 020 ne listed a
record spe I is filed.	cifies a delayed effective (late, but not an eff	ective time, at	12:01 a.m. on t	ne earlier of: (b) The 90th da	y after th
ated	10/16/2024	,					

Filing Fee: \$25.00