## 122000028292

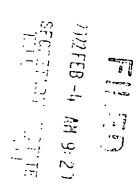
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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## **COVER LETTER**

**Registration Section** 

Division of Corporations

Tallahassee, FL 32314

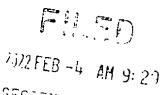
TO:

Gymi LLC SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Carlton Freeman		
	<del></del>	Name of Person	
	Gymi LLC		
		Firm/Company	<del>- · · · · · · · · · · · · · · · · · · ·</del>
	9985 Stella Palm Way Uni	it 318	
	<del>3 </del>	Address	<del></del>
	Ft.Myers, FL 33966		
		City/State and Zip Code	<del></del>
	eqfree@comcast.net		
For further information c	e-mail address: (	to be used for future annual report no all:	uncation)
Carlton Freeman		904 472-7515 at ()	
Name o	f Person	Area Code Daytin	me Telephone Number
Enclosed is a check for the	ne 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 Address Registration		<u>Street Address:</u> Registration S	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	-	The Centre of	=

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Gymi LLC

company has been notified in writing of this change.

(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 Florida document number <u>L22000028292</u> .	were filed on $\frac{01/13/2022}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	
Name of New Registered Agent:		
New Registered Office Address:		
1.10 Magnetona O 1.1100 Magnetona	Enter Florida street address	
	, Florid	a
	ř	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and 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>	<u>Address</u>	Type of Action
AMBR	Carlton Freeman	9985 Stella Palm Way Unit 318	<b>=</b> Add
		Ft.Myers, FL 33966	□Remove
			□Change
			□Add
			□ Remove
			□Change
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	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, ck does not meet the applicable statutory filing requirements, this date will not be listed	
e record specifies a delayed effective ed is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
31 January	2022	
Dated		
S	ignature of a member or authorized representative of a member	
Carlton Freeman		
I gellon krosenne		