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Office Use Only



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22 MAY 20 AH II: 43

T. MATTHEWS JUL 2 1 2022

COVER LETTER

Division of Corporations	
UBJECT: Max Heath 9 Fitness By Q LC Name of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
Laquinthian Washington Name of Person	
Max Health 3 Fitness By Q LLC Firm/Company	
1140 Kendall Town Blud # 6102 Address	
JACKSONVILLE FL 32225 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Person at Code Daytime Telephone Number	-
inclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fe} \text{\$60.00 Filing Fe} \text{\$60.00 Filing Fe} \text{\$Certified Copy}\$\$ Certified Copy (additional copy is	tatus &
Mailing Address: Street Address:	

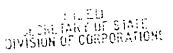
TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Max Heath 9 Fithess By Q LLC 22 MAY 20 AM 11: 43

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

(A Florida Limited Liability Company)

(Principal office address MUST BE A STREET ADDRESS) SUIFC M 706 JULYS ONVILLE FL 32225 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.	The Articles of Organization for this Limited Liability Company	y were filed on $\frac{3/14/22}{}$ and assigned	
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] Suife Middle FL 32225 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 Agent: New Registered Office Address: Enter Florida street address Florida Florida	Florida document number <u>L22000124091</u> .		
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 address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida Florida	This amendment is submitted to amend the following:		
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 Florida	A. If amending name, enter the new name of the limited liab	bility company here:	
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		address on our records, enter the name of the new regi-	<u>stere</u>
New Registered Office Address: Enter Florida street address , Florida	agent and/or the new registered office address here:		
New Registered Office Address: Enter Florida street address , Florida			
Enter Florida street address , Florida	Name of New Registered Agent:		
Enter Florida street address , Florida	New Registered Office Address:		_
		Enter Florida street address	-
		, Florida	

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 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	(AR) Joilice Clordon	1140 Kendall town Blud	□ Add
		Unit 6102	Remove
		Jackionville FL 32225	□Change
			🗀 ^dd
			□Remove
			□ Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
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			□Add
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			□Change
			□Add
			□Remove
			□Change

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 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 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 rd is filed. Dated May 16th		
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Dated May 16th, 2022. Lacy of Clim Washington Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated	May 16th , 2022
Signature of a member or authorized representative of a member		<i>'</i>
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