L22000137236

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2022 JUN 23 AM 6: 3
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A. BUTLER SEP 1 4 2022

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Rochelle L Thayer			
		Name of Person		
		Firm/Company		
	117 Stillmont Drive			
		Address		
	hello@fuzfitness.com	City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please of	all;		
Rochelle L. Thayer		714 600-8070		
Name o	f Person	at () Area Code Daytim	e 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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

If Changing Registered Agent, Signature of New Registered Agent

FUZ FITNESS, LLC	2022 JUN 23 AM 6: 30		
(Name of the Limited Liability Compar (A Florida Limited L The Articles of Organization for this Limited Liability Company	iability Company) STORETANY OF STATE		
The Articles of Organization for this Limited Liability Company	were filed on 03/21/2022 and assigned		
Florida document number L22000137236			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zip Code		
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 peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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>	Name	Address	Type of Action
MGR	Rochelle L. Thayer	117 Stillmont Dr	■Add
		Crawfordville, FL 32327	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			Remove
			□ Change

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an effective date is ote: If the date i		pecific and cannot be loes not meet the ap	prior to date of filing opticable statutory	or more than 90 days alto	tional) or filing.) Pursuant to 605,020 his date will not be listed a
record specifies a is fited.	i delayed effective dat	e, but not an effecti	ve time, at 12:01 a	.m. on the earlier of: ((b) The 90th day after the
ated <u>UM</u>	_15	<u> 20</u>	} }		
	Sign	ature of a momber or	authorized represents	ative of a member	
	Rochelle				

Filing Fee: \$25.00