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COVER LETTER

Registration Section Division of Corporations

11

	Name of Lin	nited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
se return all corresp	ondence concerning this matter	to the following:	
	Albert D. Gibson, Esq.		
		Name of Person	
	The Gibson Law Firm P.A		
		Firm/Company	
	4720 Salisbury Road		
		Address	
	Jacksonville, FL 32256		
	adg@gibsonlawfirmpa.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ificationi
further information c	concerning this matter, please c	all:	
ert Gibson		904 493-6021 at()	
Name o	of Person	Area Code Daytin	ne Telephone Number
losed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed?	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed

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

Street Address: 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

Voodoo Fitness LLC

	nited Liability Company as it now appears on our rec (A Florida Limited Liability Company)			
Articles of Organization for this Limited	Liability Company were filed on March 28, 202	22	_ and assign	ed
da document number 1.22000150315				
amendment is submitted to amend the fo				
f amending name, <u>enter the new name</u>	of the limited liability company here:			
ew name must be distinguishable and contain the	words "Limited Liability Company," the designation "l	LLC" or the abbre	vation "LLC	
r new principal offices address, if appl	icable:			
ocipal office address MUST BE A STRE	ET ADDRESS)			
		···		
r new mailing address, if applicable:				
r new mailing address, if applicable:				
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r new mailing address, if applicable:	E BOX)			
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the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and it the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability any has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

IBR = Authorized Member

<u>ile</u>	<u>Name</u>	Address	Type of Action
GR	Michael Klinger	113 Crystal Crest Lane	≣Add
		St. Augustine, FL 32095	
			□Change
JR	Erin Klinger		■Add
		Jacksonville, F1, 32095	□Remove
			[]Change
			□Remove
			□ □Remove
			□Change
			□Add
			□Remove
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ive date, if other than the	e date of filing			(opti	ional)	
ective date is listed, the date mu If the date inserted in this b	ast be specific and o	cannot be prior to				
ent's effective date on the I			ic statutory thing	, requirements, thi	is date will not be	nateu as
d specifies a delayed effecti	ve date, but not a	m effective time	r, at 12:01 a.m. o	n the earlier of: (b	o). The 90th day	after the
ed.						
		2022				
October 28	<u></u>					
October 28	/ / /					
October 28) (/		-			
October 28	*Signature of a m	ember or authoria	red representative	of a member	· · · · · · · · · · · · · · · · · · ·	_

If