K22CCC 168946

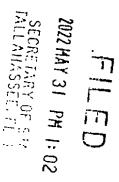
(Re	equestor's Name)	
(Ad	idress)	<u> </u>
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. Ho	ORNE
	AUG	- 6 2022

Office Use Only



700388611787

09/31/22--01033--009 **30.00



· COVER LETTER

Division of Cor						
SUBJECT:	Micheal Hill Name of Lim	ited Liability Company	isbility Congeny			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Michael Hill	Name of Person				
	Michael Hill	Personal Training	110			
	LILOI 44 St	Teet Ni Unit La	210			
	Saint Per	City/State and Zip Code	33716			
	Michaelhill PT E-mail address: (to be used for future annual report note	fication)			
For further information e	oncerning this matter, please c	all:				
Michael Hil Name o	f Person	at (727) 331 9789 Area Code Daytime Telephone Number				
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

Mailing Address: Registration 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

Michael Hill P.T Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 4/08/2022 2004 as Bened Florida document number 4/2000 (68946. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Michael Hill Personal Training Liability Company," the designation "L.C." or the abbreviation "L.D."	
Enter new principal offices address, if applicable:	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registere</u> gent and/or the new registered office address here:	<u>:1</u>

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Circ

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

- 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
<u>.</u>			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			⊡Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			□Change

								_
	<u> </u>							
								*
	<u> </u>							-
								-
								_
								-
					<u> </u>			-
								-
								_
								-
					_			-
						 		-
					-			_
								-
								-
ffective date.	, if other than t : is listed, the date :	the date of fili	ng:	r to data of fili	nu or more than 0	(optional) a) Purcuant to 60	15 020
Fote: If the da	te inserted in this ective date on the	s block does not	meet the appli	cable statutor	ry filing require	ments, this date	e will not be lis	ted as
record specific Lis filed.	es a delayed effe	ctive date, but no	ot an effective	time, at 12:0	I a.m. on the ea	rlier of: (b) T	he 90th day afte	er the
ated <u>M</u> .C.	y 22	·rd	. 202	2.	AAN			
-		Signature of	a member or aut	horized represe	entative of a men	iber		

Filing Fee: \$25.00