## L22000194655

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>#</del> )
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Cadified Casina	Cadificator	of Status
Certified Copies	_ Centificates (	or Status
Special Instructions to I	Filing Officer:	
	J. HORNE AUG - 6 2022	
	AUG - 6 2022	,
	-022	

Office Use Only



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2022 MAY 31 PH 12: 54

## COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	The Bunga Name of Dan	ee F; tness Spited Liability Company	Pall
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Sutting ( Name of Person	Bell
		Firm/Company	
	2580 Pa	1 Drive	
	Port Or	City/State and Zip Code  Se Va (Mail. City to be used for future annual report notific	128 
For further information cor	ncerning this matter, please co	_	
Name of I	Ose ((	at (386) 316 Area Code Daytime	- 80 9 2 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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:		Street Address:	

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 FILED

2022 MAY 31 PH 12: 54

The Since File Company as it now appears on Sur records SEE, FL

(Name of the Limited Liability Company)

vere filed on ADIN 25 2022	_ and assigned
, ,	
<u>itv company here</u> :	
y Company," the designation "LLC" or the abbre	viation "L.L.C."
ldress on our records, <u>enter the name o</u>	f the new registered
Enter Florida street address	
, Florida	Zip Code
	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>	Name	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
		_	□Remove
			□Change
		□Add	□Add
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unione serrective da	ne on the Department of	radic s records.			
	yed effective date, but n	not an effective tim	e, at 12:01 a.m. on the	e earlier of: (b) The 9	0th day after the
s filed.					
ed May 13	3,2022				
<del></del>		, ,	· ·		
J	$\sim$ $\sim$ 1 \				
		atty.	zed representative of a n	—- nember	

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