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(Re	questor's Name)	
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## **COVER LETTER**

	gistration Se ision of Cor				
SUBJECT:	N	,05 Fitness Name of Limit	and Training ted Liability Company	y LLC	- <u>/</u>
The enclosed	d Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspo	ndence concerning this matter t	o the following:		
		Asante	Richardson Name of Person	ם י	<del></del>
		NOS F	rimess and Firm/Company	Training	LLC
		3372 Sha	UNA Dales	Circle	<u>E</u>
		Jackson	City/State and Zip Code	277	
		E-mail address: (i	O be used for future annual re	ort notification)	<u>. (011)</u>
For further i	information o	oncerning this matter, please ca	all:		
Asa	nte Name o	Michaelson Ferson	at ( <u>904</u> ) Area Code	554-60 Daytime Telephor	[7] ne Number
Enclosed is	a check for t	he following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

NOS Fitness and	Training orters	JG 29 PM 3: 27
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on odi'r iability Company) IALL	AHASSEF EI
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000198280</u>	were filed on April	<b>16</b> 15, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
·		
The new name must be distinguishable and contain the words "Limited Liabili		
Enter new principal offices address, if applicable:	3372 Sha	una Oaks Circle East
(Principal office address MUST BE A STREET ADDRESS)	Sacksaville	, FL: 32277
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	3372 Sha Tacksonville	una Oaks Circle East , FL 32277
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida street a	uddress
-		_, Florida
	City	Zip Code

## 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Natharirel Hauston II	3609 Pond Ridge Ct. E, Jacksonville, Fl	32723 <u>-</u> ¤Add
			□Remove
			Change
	<del></del>		🗆 Add
			□Remove
	<del></del>		□Add
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f an ef Note:	tive date, if other than the date of filing:
e reco rd is f	/
Dated	6/1/22) June 1st 2022. Acousto: 12
	Acuston D
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00