h22 (CC278751

(Requestor's Name)	
(Address)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	s
Special Instructions to Filing Officer:	
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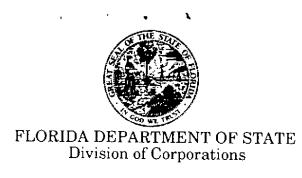
DEC 1 4 2022 S. PRATHER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: PHYSTQUE'S OCCUPA-	TIONAL PEFOMANCE L nited Liability Company	LC
The enclosed Articles of Amendment and fee(s) are sub Please return all correspondence concerning this matter		
_ LANDRIS I	D. PARKER JR. Name of Person	
2121 LEN	Firm/Company MW STREET Address	
	TY FL 33844 City/State and Zip Code	
For further information concerning this matter, please of		
LANORS D. TARKER JR. Name of Person	at (<u>863</u>) <u>656-6</u> Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:	□ \$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810



September 27, 2022

PHYSIQUE'S OCCUPATIONAL PERFOMANCE LLC 2121 LEMON STREET HAINES CITY, FL 33844

SUBJECT: PHYSIQUE'S OCCUPATIONAL PERFOMANCE LLC

Ref. Number: L22000278751

We have received your document for PHYSIQUE'S OCCUPATIONAL PERFOMANCE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 922A00021541

2022 DEC 13 AM II: I

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TIONAL PERFOMANCE	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on T/In/	E 20. 1 (22) and assigned:
		and assigned
Florida document number <u>1.22000278751</u>	 ·	12
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
PHYSTOUE'S OCCUPATION The new name must be distinguishable and contain the words	NAL PERFORMANCE "Limited Liability Company." the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	P:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u>~~~~</u>	
B. If amending the registered agent and/or regis	stered office address on our recor	ds, enter the name of the new registere
agent and/or the new registered office address h	<u>ere</u> ;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	reet address
_		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. Thereby 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) a	uthorized to t	nanage	. <u>enter</u>	the title,	name, and	address of each person	being added
or removed from our records:		•	ı	1			•

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Remove
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			□Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date occument's effective date on the Department of State's records.	g.) Pursuant to 6 e will not be ii	isted as
The 90th day after the record is filed.		
nted JUNE 28 . 2022 .	7	202
121-A	•	30 2
Signature of a member or authorized representative of a member	·	C
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1.2.	•	C,
LANORIS PARKER JR Typed or printed name of signee	Code	2022 DEC 13 PH 12: 112