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## **COVER LETTER**

TO:

TO: Registration Division of C	e Section Corporations		
Simply	Fit Gym Store LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Tia Louima		
	<del></del>	Name of Person	
	Simply Fit Gym Store LL	С	
	<del></del>	Firm/Company	
	15501 Bruce B Downs Bl	vd.Apt 0411	
	<u> </u>	Address	1
	Tampa FL 33647		÷
		City/State and Zip Code	
	simplyfitgymstore@gmail.		
Var further informatio	E-mail address: ( n concerning this matter, please c	to be used for future annual report notifically	cation) (
	in concerning one matter, prease e		
Tia Louima		at (	
Nan	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simply Fit Gym Store LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our reco limited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Co.	mpany were filed on	and assigned
Florida document number L22000343251		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRE	<u></u>	
		: 17
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	<u> </u>
3. If amending the registered agent and/or registered or and/or the new registered office address here:	office address on our records, <u>ento</u>	er the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	1	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>	<u>Address</u>	Type of Action
MGR	Kenny Louima	15501 Bruce B Downs Apt 0411	
		Tampa FL 33647	■Remove
		, <u>-</u>	□Change
MGR	Tia Louima	15501 Bruce B Downs Apt 0411	■Add
		Tampa FL 33647	□Remove
			□Change
			C 5 □ Add
			□ Remove
		Change	
			70 : □Add
			□Remove
			□Change
			□Add
			Remove
			Change
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ective date, if other than the effective date is listed, the date mus e: If the date inserted in this blument's effective date on the Do	ock does not meet the ap	pplicable statutory	g or more than 90 days filing requirement	<b>optional)</b> after filing.) Pur s, this date will	suant to 605.02 not be listed :
eord specifies a delayed effective filed.	e date, but not an effecti	ive time, at 12:01	a.m. on the earlier o	of: (b) The 90	th day after th

. . .