L22000388335



Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Michael's F	Personal Training and Wellness	: LL.C			
	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael Barrins				
		Name of Person			
	Michael's Personal Trainir	ng and Wellness LLC			
	Firm/Company				
	2045 East Bay Dr. Apt 52	7			
	<u> </u>	Address			
	Largo, FL, 33771				
		City/State and Zip Code			
	trainingandwellnessllc@gn				
For further information e	E-mail address: (oncerning this matter, please c	to be used for future annual report n all:	otification}		
Michael Barrins		at (219) 427-2420			
Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 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 Addres		Street Address:			
Registration S		Registration S			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael's Personal Training and V			
(Name of the Lim	ited Liability C (A Florida Lir	ompany as it now appears or nited Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number <u>L22000388335</u>	Liability Com	pany were filed on Septer	mber 6, 2022 and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	l liability company here:	
Limitless Healthspan LLC			
he new name must be distinguishable and contain the	words "Limited	Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE.	ET ADDRES	·S)	
			202
Enter new mailing address, if applicable:		N/A	SEP .
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr		Tice address on our reco	rds, enter the name of the new regist
Name of New Registered Agent:	N/A	-241-00	
New Registered Office Address:	N/A		
		Enter Florida .	street address
	N/A		, Florida ^{N/A}
		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>	Name	Address	Type of Action
N/A	N/A	N/A	
			□Remove
			Change
		 	□ Add
			Remove
		 	□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Add
			□ Remove
			□Add
			□Remove
			□Change

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ective date, if other than the date of filing:		N/A
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te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. The details of the section of	fect	ive date, if other than the date of filing: (optional)
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2/2/2		
Signature of a member or authorized representative of a member	ted	September 11 2024
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Signature of a member or authorized representative of a member		71/2/8-5
ε		
		Signature of a member or authorized representative of a member

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