## L23000029298

| (Re                     | questor's Name)    |             |
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    |             |
| (Bu                     | rsiness Entity Nar | ne)         |
|                         |                    |             |
| (Do                     | cument Number)     |             |
|                         | ·                  |             |
| Certified Copies        | Cortificator       | of Status   |
| Certified Copies        | _ Ceruncates       | s or Status |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

TO:

Registration Section

| Division of Co   | rporations                                      |  |                         |             |                 |                   |
|--|---|--|-------------------------|-------------|-----------------|-------------------|
| SUBJECT:   | ND HEALTHY LLC                                  |  |                         |             |                 |                   |
|  | Name of Lim                                     | ited Liability Company   |                         |             |                 |                   |
| The enclosed Articles of   | Amendment and fee(s) are sub                    | mitted for filing.   |                         |             |                 |                   |
| Please return all correspo   | ondence concerning this matter                  | to the following:  |                         |             |                 |                   |
|  | BUNNY SPEIDEL                                   |  |                         |             |                 |                   |
|  |   | Name of Person   |                         |             |                 |                   |
|  | BE FIT AND HEALTHY                              | LLC  |                         |             |                 |                   |
|  |   | Firm/Company   |                         |             |                 |                   |
|  | 2060 RIVER REACH DR                             | 94   |                         |             |                 |                   |
|  |   | Address  | <u></u>                 | JAI 318     | 7823            |                   |
|  | NAPLES, FL 34104                                |  |                         |             | _               |                   |
|  |   | City/State and Zip Code  | ·····                   | . 35<br>    | ر               | 1                 |
|  | BUNNYSPEIDEL@COMO                               |  |                         |             |                 |                   |
|  | E-mail address: (                               | to be used for future annual report notif  | ication)                | = (         | -<br>ਤ          | $\overline{\Box}$ |
| For further information  | concerning this matter, please c                | all:   |                         | ತ್ರಗ        | ပ1<br><b>၉၅</b> |                   |
| JOE MILLER, EA   |   | 239 437.0241<br>at ( )   |                         |             |                 |                   |
| Name (   | of Person                                       | Area Code Daytime  | : Telephone Number      | <u> </u>    |                 |                   |
| Enclosed is a check for t  | he following amount:                            |  |                         |             |                 |                   |
| ■ \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)                        | Certified               | te of Statu |                 |                   |
| Mailing Addre<br>Registration<br>Division of O<br>P.O. Box 63:<br>Tallahassee, | Section<br>Corporations<br>27                   | Street Address:<br>Registration Sec<br>Division of Cor<br>The Centre of T<br>2415 N. Monro | porations<br>allahassee | 10          |                 |                   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BE FIT AND HEALTHY LLC   |  |   |                              |          |
|--|--|---|------------------------------|----------|
| (Name of the Limite  | d Liability Compa<br>A Florida Limited   | iny as it now appears on our reco<br>Liability Company) | <u>rds.</u> )                |          |
| The Articles of Organization for this Limited Lie Florida document number L23000029298 | ability Company  | were filed on 01.17.23                                  | and assig                    | med      |
| This amendment is submitted to amend the follo   | wing:  |   |                              |          |
| A. If amending name, enter the new name of   | the limited liab   | ility company here:                                     |                              |          |
| N/A  |  |   |                              |          |
| The new name must be distinguishable and contain the wo                                | ords "Limited Liabi  | lity Company," the designation "LI                      | LC" or the abbreviation "L.L | .C."     |
| Enter new principal offices address, if applicable:                                    |  | 2060 RIVER REACH DR 94                                  | 4                            |          |
| Principal office address MUST BE A STREET  | amendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  It we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  The rew principal offices address, if applicable:  Cipal office address MUST BE A STREET ADDRESS)  The rew mailing address, if applicable:  The rew mailing address, if applicable:  The rew mailing address, if applicable:  The rew mailing address MAY BE A POST OFFICE BOX)  The rew mailing address MAY BE A POST OFFICE BOX)  The rew mailing address MAY BE A POST OFFICE BOX  The registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  BUNNY SPEIDEL |   |                              |          |
|  |  |   |                              |          |
| Enter new mailing address, if applicable:  |  | 2060 RIVER REACH DR 94                                  |                              | : ,<br>  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | NAPLES FL 34104   | <u> </u>                     | <u> </u> |
|  |  |   |                              |          |
|  | ~  | address on our records, <u>ent</u> e                    | <u>⊊</u> ⊒ :: Ç <b>9</b>     |          |
| Name of New Registered Agent:  | BUNNY SPEII  | DEL   |                              |          |
| New Registered Office Address:   | 2060 RIVER R   | EACH DR 94  |                              |          |
|  |  | Enter Florida street addi                               | ress                         |          |
|  | NAPLES   | , 1   | Florida 34104                | <u>.</u> |
|  |  | 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          | BUNNY SPEIDEL | 2060 RIVER REACH DR 94 |   |
|              |               | NAPLES, FL 34104       | □Remove                                 |
|              |               |                        | ■ Change                                |
|              |               |                        |   |
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| <b>Note:</b> If the date inserted in this blo<br>locument's effective date on the Do | st be specific and cannot be prior to date of filing or more than 90 days lock does not meet the applicable statutory filing requirements epartment of State's records. | s, this date will no | t be liste | d as |
| record specifies a delayed effective is filed.                                       | ve date, but not an effective time, at 12:01 a.m. on the earlier of   | ot: (b) The 90th (   |            | tne  |
|  |   | 三器                   | ?N23       |      |
| JANUARY 25TH   | 2023  |                      |            |      |
| ated JANUARY 25TH  | , 2023  |                      |            | -    |
| ated JANUARY 25TH  | , 2023  | 7.0<br>8.            | ر          |      |
| Pated JANUARY 25TH   | Signature of a member or authorized representative of a member  | <u> </u>             |            |      |
| ated JANUARY 25TH  BUNNY SPEIDEL, MA   | Signature of a member or authorized representative of a member  | <u>پ.</u><br>ېند.    |            |      |