## L23 0000 32255

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



600434324876

Devoe Latterness.

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |  |  |
|--|---|--|--|
|  | FITNESS LLC                                     |  |  |
| SUBJECT:                               | Name of Limi                                    | ited Liability Company   |  |
| The enclosed Articles of               | Amendment and fee(s) are sub-                   | mitted for filing.   |  |
| Please return all correspond           | ndence concerning this matter                   | to the following:  |  |
|  | Cheyenne Moseley                                |  |  |
|  |   | Name of Person   |  |
|  | Legalzoom.com, Inc.                             |  |  |
|  | <del></del>                                     | Firm/Company   |  |
|  | 101 N Brand Blvd 11th Fl                        |  |  |
|  |   | Address  |  |
|  | Glendale, CA 91203                              |  |  |
|  |   | City/State and Zip Code  |  |
|  | Joescanlon13@yahoo.com                          |  |  |
|  | E-mail address: (t                              | o be used for future annual repo                                   | ort notification)  |
| For further information c              | oncerning this matter, please ca                | ill:   |  |
| Cheyenne Moseley                       |   | 800 773-08   | 388  |
| Name o                                 | f Person  | Area Code 「  | Daytime Telephone Number   |
| Enclosed is a check for the            | ne following amount:                            |  |  |
| □ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ■ \$55.00 Fiting 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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SCANLON FITNESS LLC   |   |                             |
|---|---|-----------------------------|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Lim   | ompany as it now appears on our records.) ited Liability Company) |                             |
| The Articles of Organization for this Limited Liability Comp.   | pany were filed on 01/18/2023                                     | and assigned                |
| This amendment is submitted to amend the following:   |   |                             |
| a. If amending name, enter the new name of the limited  | liability company here:   |                             |
| ForeverFit Personal Training LLC  |   |                             |
| he new name must be distinguishable and contain the words "Limited I  | Liability Company," the designation "LLC" or                      | r the abbreviation "L.L.C." |
| inter new principal offices address, if applicable:   |   | ٠ ي                         |
| Principal office address MUST BE A STREET ADDRES.   |   |                             |
|   |   |                             |
|   | <del></del>   |                             |
| Enter new mailing address, if applicable:   |   |                             |
| Mailing address MAY BE A POST OFFICE BOX)   |   | <i>:</i>                    |
|   |   | · .)                        |
|   |   |                             |
| 3. If amending the registered agent and/or registere egistered agent and/or the new registered office address |   | enter the name of the       |
| Name of New Registered Agent:   |   | · <del>·</del> ·            |
| New Registered Office Address:  |   |                             |
|   | Enter Florida street address                                      |                             |
|   |   | da                          |
|   | 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 = N $AMBR = A$ | lanager<br>authorized Member |         |                |
|--------------------|------------------------------|---------|----------------|
| <u>Title</u>       | <u>Name</u>                  | Address | Type of Action |
|                    |                              |         | Add            |
|                    |                              |         | □ Remove       |
|                    |                              |         | Change         |
|                    |                              |         | Add            |
|                    |                              |         | □ Remove       |
|                    |                              |         | Change         |
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| T100                   |  |  |   |   |                         |   |                      |
| (If an effect Note: If | e date, if other the<br>tive date is listed, the<br>the date inserted in<br>it's effective date of | date must be specific<br>this block does n | e and cannot be pri-<br>not meet the appl | or to date of filing or n<br>icable statutory filir | iore than 90 days after | ional)<br>er filing.) Pursuant to 605<br>iis date will not be liste | 5.0207 (<br>.ed as t |
|                        | rd specifies a d<br>Oth day after ti   |  |   | ot an effective                                     | time, at 12:01          | a.m. on the earlie  | er of                |
|                        |  | 9/24                                       |   |   |                         |   |                      |

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Typed or printed name of signee

Filing Fee: \$25.00