## L2300006/358

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





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## COVER LETTER

Division of Cor	porations		
D'Bodie Fit	ness LLC L2300	0061358	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Derricka Bodie		
		Name of Person	<del></del>
	D'Bodie Fitness LLC		
		Firm/Company	
	1805 Myrtle Ave N #1037		
		Address	<del></del>
	Jacksonville, FL 32209		
		City/State and Zip Code	<del></del>
	Derricka.Bodie@yahoo.com	to be used for future annual report notifi	cation)
The firsther information of	concerning this matter, please e		C
	oncerning this matter, preuse es	904 597-0959	
Derricka Bodie	CD	at () Area Code Daytime	Telephone Number
Name c	of Person	Area Code 17ayume	receptione (sumber
Enclosed is a check for t	he 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 Addre	κς•	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D'Bodie Fitness LLC			
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) (Company)	
The Articles of Organization for this Limited I	Liability Company were	filed on 4/12/2023	and assigned
lorida document number L23000061358	,		
his amendment is submitted to amend the fol	llowing:		
If amending name, enter the new name	of the limited liability co	ompany here:	
he new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
nter new mailing address, if applicable:			
Mailing address MAY BE A PO <u>ST</u> OFFI <u>CE</u>	E BOX)		
			IAS 2
3. If amending the registered agent and/or		s on our records, <u>enter the n</u>	ame of the new registe
gent and/or the new registered office addr	ess here:		经 关
			21
Name of New Registered Agent:	Derricka Bodie		22.2 T
New Registered Office Address:	1805 Myrtle Ave N		2
		Enter Florida street address	22 Maria
	Jacksonville	, Florida	32209
			Zin 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

Title	Name	Address	Type of Action
MGR	Derricka Bodie	1805 Myrtle Ave N #1037 Jacksonville, FL 32209	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			🗆 Add
			Remove 23 Ange 27 SECALIAN ASS
			1.VE-10-10-10-10-10-10-10-10-10-10-10-10-10-
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

Typed or printed name of signee