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Account Name : TAX ZONE INC. Account Number : 12019000044 Phone : (407)888-3131 Fax Number : (888)453-0509

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STEEL GYM LLC

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COVER LETTER

TO:		istration Sec sion of Corp				
SUBJEC		STEEL GY?	M LLC			i.
30000	C1.		Name of Limit	ted Liability Com	pany	
The encl	losed	Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please re	com	all correspor	idence concerning this matter :	o the following		
			JOSE NUNEZ			
				Name of Po	rson	···
			STEEL GYM LLC			
				Firm/Com	pany	
			11751 S ORANGE BLOSS	OM TRL		
				Addres		
			ORLANDO, FL 32837			
				City/State and 2	ip Code	
			ACCOUNTANT@TAXZO:			
			E-mail address: (to	o be used for futu	re annual report notifica	phone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
For furth	ier in	formation co	ncerning this matter, please ca	H:		
JOSE N	UNE	Z		407 ยเ (888-3131	
		Name of	Person	Area C	ode Daytime To	elephone Number
Enclosed	d is a	check for the	e following amount:			
		iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fil Certified (additional		Certificate of Status & Certified Copy
	Reg Div P.O	ing Address sistration S ision of Co . Box 632 lahassee, F	ection orporations 7	•	Street Address: Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 33	rations Iahassee Street, Suite 810

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEEL GYM LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number L23000062879	re filed on 02/02/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	-:
(Mailing address MAY BE A POST OFFICE BOX)	023
	T.
B. If amending the registered agent and/or registered office add	ျား vess on our records, enter the name of the new registered
agent and/or the new registered office address here:	. ==
	1 5
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is
It Changin	g Registered Agent. Signature of New Registered Agent

□Change

If amending Authorized Person(s) authorized to manage,	enter	the title.	name,	and ad	ldress of	each per	<u> son</u>	being a	<u>idded</u>
or removed from our records:									

	from our records:		
MGR = M $AMBR = M$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LEAL, OBERTIS	11757 S GRANGE BLOSSOM TRL	□Add
		ORLANDO, FL 32837	■Reniove
			ClChange
AMBR	NUNEZ, JOSE	11757 S GRANGE BLOSSOM TRL	□Add
		ORLANDO, FL 32837	⊟ Remove
			Change
AMBR	CINI FITNESS & BEAUTY LLC	11757 S GRANGE BLOSSOM TRL	■Add
		ORLANDO, FL 32837	□Remove
			□ Change
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