## L23000076987

| (R                      | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (A                      | ddress)            |             |
| (A                      | ddress)            |             |
| (C                      | ity/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (B                      | usiness Entity Na  | me)         |
| (D                      | ocument Number)    |             |
| Certified Copies        | Certificate        | s of Status |
| Special Instructions to | o Filing Officer:  |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

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ANVIOLES UTOTA STA \*\*SCIUS

2023 APR -4 PH 4: 44

## **COVER LETTER**

| TO: Registration S Division of Co  |  |  |                               |  |
|------------------------------------|--|--|-------------------------------|--|
|                                    | fit Personal Training, LLC                   |  |                               |  |
| SUBJECT:                           | Name of Lin                                  | Name of Limited Liability Company                      |                               |  |
| The enclosed Articles o            | f Amendment and fee(s) are sub               | omitted for filing.                                    |                               |  |
| Please return all corresp          | oondence concerning this matter              | to the following:                                      |                               |  |
|                                    | David W. Hancock                             |  |                               |  |
|                                    | Name of Person                               |  |                               |  |
| Hancock-fit Personal Training, LLC |  |  |                               |  |
| Firm/Company                       |  |  |                               |  |
| 560 NE Wavecrest Way               |  |  |                               |  |
|                                    | Address                                      |  |                               |  |
|                                    | Boca Raton, FL, 33432                        |  |                               |  |
|                                    |  | City/State and Zip Code                                | •                             |  |
|                                    | hannytranslations@gmail.c                    | tom (to be used for future annual report notification) | 26                            |  |
| For further information            | concerning this matter, please c             | ·  | 2023 APR                      |  |
| David W. Hancock                   |  | 803 847-3056<br>at ()                                  |                               |  |
| Name                               | of Person                                    | Area Code Daytime Telephone Number                     | EE FL<br>PL STATE<br>BH 4: 45 |  |
| Enclosed is a check for            | the following amount:                        |  | , H ?                         |  |
| ■ \$25.00 Filing Fee               | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified                | te of Status &                |  |
| Mailing Addre<br>Registration      |  | Street Address: Registration Section                   |                               |  |

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

Hancock-fit Personal Training, LL C.

(Name of the Limited Liability Company as it now appears on our records.)

| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our record<br>liability Company)   | <u>(s.)</u>  |  |  |  |
|---|--|--|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number 1.23000076987               | Articles of Organization for this Limited Liability Company were filed on Febrary 13, 2023 and assigned da document number 1.23000076987 |  |  |  |  |
| This amendment is submitted to amend the following:   |  |  |  |  |  |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity 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)   |  | 702  |  |  |  |
|   | <del></del>  | AP 57  |  |  |  |
|   |  |  |  |  |  |
| Enter new mailing address, if applicable:   |  |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | To The state of th |  |  |  |
|   |  |  |  |  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter</u>   | the name of the new registered   |  |  |  |
| Name of New Registered Agent:   |  |  |  |  |  |
| New Registered Office Address:  |  |  |  |  |  |
|   | Enter Florida street addres  | is .   |  |  |  |
|   |  | orida  |  |  |  |
| Non-Paristand Assetts Signature if sharping Desistand Assets  | 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 |
|--------------|------------------|----------------------|----------------|
| AMBR         | David W. Hancock | 560 NE Wavecrest Way | <b>≣</b> Add   |
|              |                  | Boca Raton, FL       | □ Remove       |
|              |                  | 33432                | □Change        |
|              |                  | <u>.</u>             | □Add           |
|              |                  |                      | □Remove        |
|              |                  |                      | □Change        |
|              |                  |                      | Add            |
|              |                  |                      | Add Remove     |
|              |                  |                      | DChange 1 d    |
|              |                  |                      | □Remove        |
|              |                  |                      |                |
|              |                  |                      | □Add           |
|              |                  |                      | □ Remove       |
|              |                  |                      | Change         |
|              |                  |                      | □Add           |
|              |                  |                      | □Remove        |
|              |                  |                      | □ Change       |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated March 28 2023 Signature of a member or authorized representative of a member David W. Hancock

Typed or printed name of signee