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| PICK-UP · WAIT MAIL |
| MAIL WAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: FUEL TITMESS LLC. Name of Limited Liability Company |
| Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Alexis Vallone |
| tuel Firm/Company |
| 4941 SW 135th Way |
| Myamar 5 33027 |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Alexis Vallone at (954) 8721694 Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number Area Code Daytime Telephone Number Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{Certified Gopy}'_1 \\ \text{(additional copy is enclosed)} \ \text{Certified Gopy}'_2 \\ \text{(additional copy is enclosed)} \ \text{Certified Gopy}'_1 \\ \text{(additional copy is enclosed)} \ \text{Certified Gopy}'_2 \\ \text{(additional copy is enclosed)} \ (additional copy is |

Mailing Address:

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

Street Address:

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

| Fuel Fitness | | | | | |
|---|---|--------------------------|--|--|--|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000166560</u> | were filed on $4/4/23$ | and assigned | | | |
| 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 | lity Company," the designation "LLC" or the a | bbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Mantation IC 3331 | Suite 11 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1700 NW 65th Ave Plantation TZ 3 | Suite 11 3313 | | | |
| 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 the nan</u> | ne of the new registered | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | <u>क,</u> | | | |
| | Enter Florida street address | <u> </u> | | | |
| | , Florida | -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 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 |
|--------------|-------------|--|----------------|
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necess | |
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| I am a 50/50 couner, just needed to add | |
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| Also need to upgrade to business add | 77075 |
| old address: 4941 (W135th Way) | |
| ald address: 4941 sw 135th way Miramar I 33027 | |
| New address: MOO NW 65th Ave Just Justiness Mantatum FG 33313 | e. |
| JULIACE 1 1004 at us 19 33313 | |
| Munker You! | |
| | |
| Effective date, if other than the date of filing: | |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) cord is filed. | The 90th day after the |
| Dated April 18th 2023. | 3 Erro 26 |
| / Jaline | 77 |
| Signature of a member or authorized representative of a member | 7. , 2: |
| Typed or printed name of signee | F+; Ch |

Filing Fee: \$25.00