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COVER LETTER

TO: Registration Section Division of Corporation	rations		•	gy B
SUBJECT: For	titude Athleti Name of Limi	ted Liability Company		<u>. </u>
The enclosed Articles of Am	nendment and fee(s) are subt	mitted for filing.		
Please return all corresponde	ence concerning this matter t	to the following:		
	Sa	mantha Harve	Y	
		Name of Person	_	
		Firm/Company		
	456 E	arl Godwin R	o a I	.
		FL 32439 City/State and Zip Code	_	
-		City/State and Zip Code Grvey 7/05 (o be used for future annual r	9 9 Mail. (c	nm
For further information conc	erning this matter, please ca	ıll:		
Samun tha Name of Pe	Harrey	at (<u>Ø\$ 0</u>)	544-57 Daytime Telepho	45 ne Number
Enclosed is a check for the for the form of the form of the second seco	ollowing amount:	(714 S555,00 Filing Fee & Certified Copy (additional copy is encl-		\$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 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

For thitude At	mpany as it now appears on our records.) ited Liability Company)
	pany were filed on May 23, 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 I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2023
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	FLORING SO
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	To Earl Godwin Road
New Registered Office Address: 45 (Eurl Godwin Road Emer Florida street address
<u> </u>	City Florida 32439
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this capacity. I further agree to comply with the dete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is

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
MGR	Bryan Harrey	456 Earl 6-duin Road	□ Add
		Freeport FL 32439	Æ Remove
			□ Change
			□Add
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Effective	date, if other ve date is listed, the	than the dat	e of filing	(:	aina to doto			(optio	nal)	4 61)
Note: If t	he date inserted	l in this block o	does not m	neet the app	olicable st						
шосшпещ	's effective date	on the Depart	ment of Si	tate s recoi	ras.						
e record sp rd is filed.	pecifies a delayo	ed effective dat	e, but not	an effectiv	e time, at	12:01 a.m	on the ear	lier of: (b)	The 90th	đay aft	er the
Dated	July 18	2023	,								
			f								
 -		<u> </u>	nature of a n								