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## **COVER LETTER**

	- •	art Fitness, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The onclosed A	rtiolos of	Amendment and fee(s) are sub-	mitted for filing	
		ndence concerning this matter	-	
		Brian Landry		
			Name of Person	
		Healthy Heart Fitness, LLC	c	
			Firm/Company	
		1030 SE 9th Street, Unit #	150244	
			Address	
		Cape Coral, FL 33990		
			City/State and Zip Code	<del></del>
		• • •	to be used for future annual report n	otification)
For further infor	mation c	oncerning this matter, please ea	all:	
Brian Landry			808 6450873	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a ch	eck for th	ne following amount:		
□ \$25.00 Filir	ng 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 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

Healthy Heart's Fitness, LLC				
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)			
The Articles of Organization for this Limited Liability Compa Florida document number 1.23000357226	ny were filed on July 28th, 2023	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
Healthy Heart Fitness, LLC				
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	the abbreviation \$\int_{\chi.C.}\cdots		
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)				
		<u> </u>		
		712:		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
•		- 17		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ce address on our records, <u>enter the</u>	name of the new registere		
New Registered Office Address.	Enter Florida street address			
	. Floric	da		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Age	nt:			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of my duties, and is provided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is		
Īf C	hanging Registered Agent, Signature of N	ew Registered Agent		

If amending Authörized 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
			□ Add
			□ Change
			□Add
			□Remove
			□ Change
			□ Change □ Àdd
			Remove:
			Remove:
			□Add
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"Healthy Heart Fitness, LLC".			
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ctive date, if other than the date of filing:	(ор	tional)	
effective date is listed, the date must be specific and cannot be predictive date inserted in this block does not meet the appropriate the prediction of the date inserted in this block does not meet the appropriate the date inserted in this block does not meet the appropriate the date inserted in this block does not meet the appropriate the date inserted in this block does not meet the appropriate the date in t	cable statutory filing requirements, t		
iment's effective date on the Department of State's recor	S.		
ord specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier of:	(b) The 90th	day after
filed.			
August 7th 2023	/		
ali .	· //		

Filing Fee: \$25.00

Typed or printed name of signee