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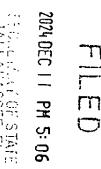
(Requestor's Name)				
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(Document Number)				
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor		Consulting 11.C			
SUBJECT:	Incendiary Fitness, LLC / K.A. Martinez Consulting, LLC  Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kelli Anne Martinez				
	<del></del>	Name of Person			
	K.A. Martinez Consulting	. LLC			
	Firm/Company				
	8130 Lakewood Main Street, Ste. 103 #345				
		Address			
	Lakewood Ranch, Florida	34202			
	-	City/State and Zip Code	<del></del>		
	Kelli@SuliLaw.com	to be used for future annual report noti	fications		
For further information c	oncerning this matter, please e	·	Teation)		
Kelli Martinez		941 713-8680			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:	etion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Incendiary Fitness, LLC			
( <u>Name of the Limited Li</u> (A F	i <mark>ability Comp</mark> lorida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{11}{20000362125}$ .		were filed on 11/4/2024	and assigned
his amendment is submitted to amend the followin	ıg:		
. If amending name, enter the new name of the	limited lial	oility company here:	
C.A. Martinez Consulting, LLC			
he new name must be distinguishable and contain the words	"Limited Liab	ility Company," the designation	
Inter new principal offices address, if applicable:		No Change	2 7
Principal office address MUST BE A STREET ADDRESS)			C
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		No Change	PM 5: 06
tuning dudrens BIAT BE A FOST OFFICE BOX	<u> </u>		
. If amending the registered agent and/or regist gent and/or the new registered office address he		address on our records, <u>e</u>	nter the name of the new registo
Name of New Registered Agent:	lo Change		
New Registered Office Address:			
		Enter Florida street a	ddress
_			. Florida
_		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>	<u>Address</u>	Type of Action
N/A			□Add
			□Remove
			□Change
		<del></del>	□ Add
			□Remove
			□Change
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	<del></del>		□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary:) Amendment as to name change only E. Effective date, if other than the date of filing: 11/4/2024 or 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. December 6
Dated \_\_\_\_\_ 2024 gnature of a member or authorized representative of a member Kelli Anne Martinez Typed or printed name of signee

Filing Fee: \$25.00