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| (Re | equestor's Name) | |
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| (Ad | idress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| 10: Registration Section Division of Corporations |
|--|
| SUBJECT: Absolute Fitness by Jenny LLC |
| Name of Lumned Limbility Company |
| |
| The enclosed Articles of Amendment and fee(s) are submitted for filing |
| Please return all correspondence concerning this matter to the following |
| |
| Ayala Jenny Assouline Name of Person |
| Name of Person |
| |
| FirmCompany |
| 5161 Collins Ave Aft. 1418 |
| Address |
| Migmi Bosch FL 83140 |
| Migmi Beach FL 33140 |
| absolute fitness by Ienny OSM 911. Com E-mail address in he used in future minual report northeation) |
| |
| For further information concerning this matter, please call |
| Ayala Jenny MSouline mi 206; 701-4031 Name of Person Area Code Departer Felephone Number |
| Name of Person Area Code Daytime Telephone Number |
| |
| Enclosed is a check for the following amount |
| S25 00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. |
| californial come is enclosed) Certified Copy |
| the entire or super little and the super little and |
| |
| Mailing Address: Street Address: |
| Registration Section Registration Section |
| Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Absolute Entre Limited | thers by Jenny LLC Liability Company as it now appears on our Florida Limited Leability Company) | records) |
|--|--|---|
| The Articles of Organization for this Limited Liab Florida document number $_L230003$ | · · · · — — , | 2023 and assigned |
| This amendment is submitted to amend the follow | ring: | |
| A. If amending name, <u>enter the new name of t</u> | he limited liability company here: | 7623 |
| The new name must be distinguishable and contain the wor. | ds "Limited Liability Company," the designation | on "LLC" on the abbreviation (**) L.C." |
| Enter new principal offices address, if applicab | ole: | —————————————————————————————————————— |
| (Principal office address MUST BE A STREET | ADDRESS) | <u> ক্</u> |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BO | <u> </u> | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | | enter the name of the new registered |
| Name of New Registered Agent | | |
| New Registered Office Address: | Enter Florida save | v uddress |
| | | . Florida |
| | Cap | Zq-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> | Name | | Address | | Type of Action |
|--------------|-------------|------------------|-----------|-------------|-------------------|
| MCR | Ayala Jenny | <u>Ass</u> oulin | e 5161 | Collins Ave | Z (Z/Azid |
| | | | Apt. 1418 | 3 | □Remove |
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| ective date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of file e: If the date inserted in this block does not meet the applicable statutor | ing or more than 90 days after filing.) Pursuant to 605 02 |
| ument's effective date on the Department of State's records | ry ming requirements this date will the re-risked |
| | |
| cord specifies a delayed effective date, but not an effective time, at 12:01 sfiled. | 1 a.m. on the earlier of (b). The 90th day after the |
| | |
| ed August 18, 2023. | |
| Signature of Shernber of authorized represe | |
| Signature of a member of authorized repress | entative of a member |
| | |