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Registration Section

TO:

on of Cor	porations	·		
outh Shore	e Fitness LLC			
	Name of Limit	ed Liability Company		
rticles of	Amendment and fee(s) are subn	nitted for filing.		
l correspo	ndence concerning this matter to	o the following:		
	Silvia Perucica			
		Name of Person		
	South Shore Fitness LLC			
		Firm/Company		
	7725 Paradiso Dr			
		Address		
	Apollo Beach, FL 33572			
	silvia.perucica@gmail.com	City/State and Zip Code		
	E-mail address: (to	be used for future annual report notifi	cution) S	202
rmation co	oncerning this matter, please cal	11:	Că E	2023 AUS 25
		813 416-0620 at ()		25
Name of	f Person	Area Code Daytime	Telephone Number	
eck for th	ne following amount:			3
ig Fec	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sta Certified Copy	atus &
		Street Address: Registration Sec	tion	
ion of C	orporations	Division of Corp	orations	
	rticles of correspondent on of C Box 632	Silvia Perucica South Shore Fitness LLC 7725 Paradiso Dr Apollo Beach, FL 33572 silvia.perucica@gmail.com E-mail address: (to mation concerning this matter, please cal Name of Person eck for the following amount: ag Fee \$30.00 Filing Fee &	Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Silvia Perucica Name of Person South Shore Fitness LLC Firm/Company 7725 Paradiso Dr Address Apollo Beach, FL 33572 City/State and Zip Code silvia, perucica@gmail.com E-mail address: (to be used for future annual report notification concerning this matter, please call: Name of Person Same of Person Silvia Perucica Firm/Company 7725 Paradiso Dr Address Apollo Beach, FL 33572 City/State and Zip Code silvia, perucica@gmail.com E-mail address: (to be used for future annual report notification concerning this matter, please call: Silvia Perucica Silvia Perucica Firm/Company Address City/State and Zip Code silvia, perucica@gmail.com E-mail address: City/State and Zip Code silvia, perucica@gmail.com E-mail address: City/State and Zip Code silvia perucica@gmail.com E-mail address: Silvia Perucica Firm/Company Address Silvia Perucica Silvia Perucica Silvia Perucica Silvia Perucica Firm/Company Address City/State and Zip Code silvia perucica@gmail.com E-mail address: Silvia Perucica Silvia Peru	ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Silvia Perucica Name of Person South Shore Fitness LLC Firm/Company 7725 Paradiso Dr Address Apollo Beach, FL 33572 City/State and Zip Code silvia.perucica@gmail.com E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) Mame of Person Name of Person Name of Person Name of Person Solo Of Filing Fee & Certificate of Status Certificate of Status Certified Copy radditional copy is enclosed) Street Address: Registration Section On of Corporations On Socion On Of Corporations Division of Corporations On Corporations The Centre of Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Shore Fitness LLC (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 were filed on $\frac{8/16/2023}{1}$ 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 Liability Company," the designation "LLC" or the abbreviation "L.1..C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida __ City 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
MGR	Silvia Perucica	7725 Paradiso Dr	■Add
		Apollo BEach, FL 33572	□Remove
			□Change
			□Add
			□Remove
			SECRETARY OF STATE
			SAdd Remove
			red ω □Change
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	8/15/2023			
ffective date, if other than the can effective date is listed, the date must	be specific and cannot be prior			
<u>Sote:</u> If the date inserted in this blocoument's effective date on the Dep		able statutory filing requ	irements, this date wil	l not be listed as
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record specifies a delayed effective	date, but not an effective til	me, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
l is filed.				
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