# L23000473335

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### **COVER LETTER**

Division of Cor			
SUBJECT:	Phasic Frame of Lim	THESS LLC ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	<u>Christa</u>	n Stammengo Name of Person	phann
	Phasi	C FITHESS L	LC
	94594	emon Drop Lo	oop
		Address	
	suncity	Centur EL 3 City/State and Zip Code	33573
		tness@ama	
For further information c	oncerning this matter, please ca	all:	
Christen St. Name o	ferson Joha	nn at (215) 435 Area Code Daytime	-8041 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 Fcc & Certified Copy (additional copy is enclosed)	☐ \$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

Phasickmess	LLC.
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000473335</u> This amendment is submitted to amend the following:	10/1/2023
A. If amending name, enter the new name of the limited liability  Celestral Gnamed LLC.  The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	9459 Lemon Drop Loop SUNCITY Center FL 33573
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida syrvet address
	, Florida
N D to the O'Clarence 'Colored Decision of Assess	Top with

#### 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>	Address /	Type of Action
			□ Add
			Remove
			□Add
			□Remove
			□ Change
			□Add
		·::	□Remove
			∴ □Change
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		<del></del>	□Add
			□Remove
			□Change
	/	·	□ Add
			□Remove
			□ Change

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D. If amending any other information, enter change(s) here: (Attach additional s	sheets, if necessary.)		_
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing requided document's effective date on the Department of State's records.			
f the record specifies a delayed effective date, but not an effective time, b) The 90th day after the record is filed.	at 12:01 a.m. on t	:he ea	rlier of:
Dated 9/3/2024			
Signature of a member or authorized representative of a n	nember		
Chaster Stammer Che	ann		

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Filing Fee: \$25.00