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SUBJEÇT:	Accio Fitne	ess, LLC	•				
SOBSER, I.		Name of Lim	ited Liability Company		•		
The enclosed	d Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please return	ı all correspo	ndence concerning this matter	to the following:				
		Mandy Andrews					
			Name of Person		_		
		Accio Fitness, LLC					
			Firm/Company		- iū	797	
		4154 Key Thatch Dr.			当第 四島	, FEB	
			Address		-	9-	
Tampa, FL 33610							
			City/State and Zip Code		— '∵'	ö	
		mandrews1121@gmail.con	1		· :-	22	
		E-mail address: (to be used for future annual report notification	ation)	•		
For further i	nformation c	oncerning this matter, please c	all:				
Mandy And	rews		402 968-3319 at ()				
	Name o	f Person		elephone Numb	er		
Enclosed is	a check for th	ne following amount:					
■ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certifie	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)		
Re Di P.C	iling Addres gistration S vision of C D. Box 632 llahassee, I	Section orporations 7	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations lahassee Street, Suite	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Accio Fitness, LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on October 25, 2023	and assigned		
lorida document number L23000487431		_		
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited	liability company here:			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		202		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	202), FEB		
		CD		
		. UV		
Inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		12 : 2		
	-			
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, <u>enter the n</u>	ame of the new regis		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	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
AMBR	Mandy Andrews	4154 Key Thatch Dr, Tampa, FL 33610	∃ Add
			□Remove
			□Change
			□Add
			Remove
			202 EDChange
			<u>- 124</u>
			□Remove 2
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ffective date, if other than the an effective date is listed, the date model. If the date inserted in this ocument's effective date on the	ust be specific and cannot b block does not meet the	applicable statutor	g or more than 90 days	p tional) after filing.) Pun this date will	suant to 60 not be lis)5.02 sted a
e record specifies a delayon The 90th day after the re	ed effective date, becord is filed.	ut not an effec	tive time, at 12:0)1 a.m. on t	he earl	ier (
January 30	2024					
-1212	¥2	··				
	Signature of a member of					