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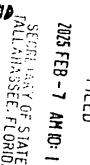
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Division of C	orporations		
	CTIVITY GURU LLC		
SUBJECT:	Name of Lin	nited Liability Company	•
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Katiya Plummer			
		_	
	Katiya Plummer		
		Name of Person	
	CTIVITY GURU LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Katiya Plummer Name of Person Firm/Company 8904 CITRUS VILLAGE DRIVE 105 Address TAMPA, FL 33626 City/State and Zip Code katiyaplummer@gmail.com 1:-mail address: (to be used for future annual report notification) In concerning this matter, please call: at (
		Address	
		•	
			tification)
For further information			
Katiya Plummer			
Name	e of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
P.O. Box 63	n Section Corporations 327	Registration So Division of Co The Centre of	orporations Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRODUCTIVITY GURU LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited left or the Limited left of the Limited	Liability Company	were filed on 12/04/2023	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The Katiya Experience LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	Not Applicable	
Principal office address MUST BE A STRE	ET ADDRESS)		
			60
Enter new mailing address, if applicable:		Not Applicable	ZOZS FEI SECR: ALLAHA
Mailing address MAY BE A POST OFFICE	E BOX)		F)L
B. If amending the registered agent and/or	registered office	address on our records, enter	TE'S
agent and/or the new registered office addr		·	1.9 DA
Name of New Registered Agent:	Not Applicable	; 	
New Registered Office Address:	Not Applicable	;	
		Enter Florida street addre.	NS .
			lorida
		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 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
	Not Applicable		
			□Remove
			□Change
			□Add
			Remove
			□Change
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			□ Change

fective date, if other than the date of filing:		Applicable					
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Filing Fee: \$25.00