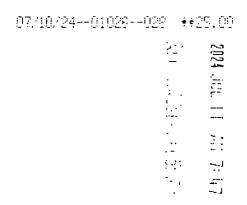
L24000124249

(Requestor's Name)
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JUL 27

S. PRATHER

COVER LETTER

TO:	Registration Sec Division of Corp			
CHD 027	C-1787	ED FITNESS INDUSTRY LL	t.	
SUBJEC	<u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		ANTHONY MORALES		
			Name of Person	
		MYUSACORPORATION	E.COM	
			Firm/Company	
		I RADISSON PLAZA, SI	UTTE 800	
			Address	
		NEW ROCHELLE, NY 19	0801	
			City/State and Zip Code	-
		INFO@ MYUSACORPOR	•	
		E-mail address: (to be used for future annual report no	otification)
For furth	ier information co	oncerning this matter, please co	all:	
ANTHO	ONY MORALES		877 330-2677	
	Name of		at () Area Code Dayti	ime Telephone Number
Enclosed	I is a check for th	e following amount:		
	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
	Mailing Address Registration S Division of Co	ection	<u>Street Address:</u> Registration S Division of Co	
	P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RECRUITED FITNESS INDUSTRY LLC		□ Έ
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000124249	were filed on 02/21/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3327 S FEDERAL HWY APT F	
(Principal office address MUST BE A STREET ADDRESS)	BOYNTON BEACH, FL 33435	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3327 S FEDERAL HWY APT F BOYNTON BEACH, FL 33435	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid:	AZip Code
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JEAN CASAS	3327 S FEDERAL HWY APT F	⊒Add
		BOYNTON BEACH, FL 33435	□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
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cord specifies a delayed effective	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after	ghe
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led	Signature of a member or au	hori representative of	a member	7. 73 27.	日二日