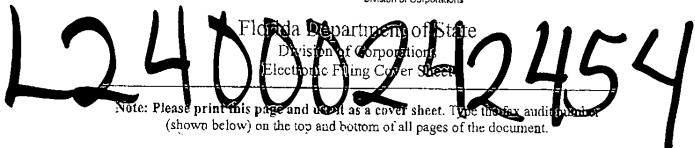
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Division of Corporations



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Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

		To:		
			Division of Corporations	
		•	Fax Number : (850)617-6383	
		From:		
			Account Name : I & G ACCOUNTING SERVICES PA	
			Account Number : 120230000009	
	_;t	Ω.	Phone : (407)914-0364	
		(Haid)	Fax Number : (487)914-0364	١
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OR HAPPING	न्द		the email address for this business entity to be used for future	•
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEAT TRAINING GLOBAL LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

JUL 29 2024

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Beat Training	Global LLC		
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as It now appears on our Diability Company)	records.)	
The Articles of Organization for this Limited L	iability Company	were filed on 05/20/202	4	and assigned
Florida document number L24000242454	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liab	lity Company," the designation	on 'LLC'' or the abl	reviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
				H 12
				29 F SSEF
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				STAT L
				3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or agent and/or the new registered office addressed agent. Name of New Registered Agent:		address on our records	, enter the nam	e of the new registe
New Registered Office Address:	N/A			
THE CANADA CATALON STORY		Enter Florida stre	et address	
			, Florida	
		City		

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
MGR	GRISOLIA, MARIA A	14283 Lake Preserve Blvd Orlando, FL 32824	🗀 Add
			■Remove
			UChange
			DAdd
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