Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

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## **SLLC AMND/RESTATE/CORRECT OR M/MG RESIGN** ARTFITPRO LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

K. SALY

JUN 25 2024

Electronic Filing Menu

Corporate Filing Menu

Help

1.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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<u> </u>	• • •	<del>6.</del>		TATE 05: 11 4:30
		ARTFITPRO LLC		LLAHASSA
Sin			ed Liability Company as it now appears on our records.	TALLAHASSEC FLORIGA
··.		1	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	zowin.
<b>j</b> .:				
The A	Articles (	of Organization for this Limited Li	ability Company were filed on 06/13/2024	and assigned
d'airie	بأسماء ما	1.1. ment number <u>L24000269546</u>		
Lione	aa uocu	Helit Rumber	<del></del> ,	
This	amendm	ent is submitted to amend the follo	owing:	
1.			-	
A. If	amend	ing name, enter the new name of	the limited liability company here:	
-111			ords "Limited Liability Company," the designation "LLC" of	
The ne	ew name i	nust be distinguishable and contain the wi	ords "Limited Liability Company," the designation "LLC" of	or the appreviation "L.L.C.
Enter	r new p	rincipal offices address, if applica	abłe:	<u>.</u>
(Prin	cipal of	fice address MUST BE A STREE	T ADDRESS)	
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	r new m	ailing address, if applicable:		
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		,		
B. If	amend	ing the registered agent and/or re	egistered office address on our records, enter th	ie name of the new registered
		the new registered office addres		
	<u>Nar</u>	ne of New Registered Agent:		
		D. C. LONG ALL		
	Nev	Registered Office Address:	Enter Florida street address	
			Enter Frontial Society	
			, Flor	ida
			Eto:	Zin 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.

6/24/2024 09:48:33 PDT . To: 18506176383 Page: 3/4 Fax: 8134365206

## 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
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Fax: 8134365206

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ated '	June 24th		2024				
	/VW	5	-mi	th			· <del>·</del>
		Signature of a	a member or autho	orized representat	ive of a member		
	Nat Smith						