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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone

: (305)826-5886

Fax Number

: (305)722-0535

er the email address for this business entity to be used for future िर्म annual report mailings. Enter only one email address please.**

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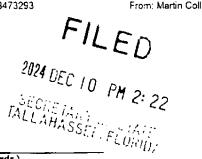
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Help

K. SALY

DEC 1 1 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	LIONS FITNESS LLC		
(Name of the Limiter	Liability Company as it new appears A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	06/25/2024	and assigned
Florida document number	·		
This amendment is submitted to amend the follow	ving:		
4. If amending name, <u>enter the new name of t</u>	he limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the de-	signation "LLC" or the a	boreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
		<u>.</u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		
B. If amending the registered agent and/or registered office address	gistered office address on our re <u>here</u> :	cords, <u>enter the nar</u>	ne of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	·
	Cin-	, Florida	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

Title	Name	Address	Type of Action
AMBR	ROCABADO, RICARDO N	6975 NW 82ND AVE	
		MIAMI, FL 33166	□ Remove
			Change
MGR	VACA DIEZ, DAVID	6975 NW 82ND AVE	
		MI, FL 33166	Remove
			☐ Change
AMBR	VACA DIEZ, DAVID	6975 NW 82ND AVE	
		MI, FL 33166	□Remove
			☐ Change
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fan effo Note: 1	we date, if other than the date of filin wive date is listed, the date must be specific an if the date inserted in this block does not ent's effective date on the Department of	d cannot be prior to meet the applica	ble statutory filing i	equirements, this di	ng.) Pursuant to 605.0207 (3)(b
record d is file	i specifies a delayed effective date, but no	t an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated _	NOVEMBER 21	, 2024	telo-		
		00/			

Typed or printed name of signee