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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
		ATES REFORMER, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	t Articles of	Amendment and fee(s) are sub	mitted for filing	
			-	
Please return	i all correspo	ondence concerning this matter	to the following:	
		Serena Fichera, Esq.		
			Name of Person	
		Barakat + Bossa, PLLC		
			Firm/Company	
		2701 Ponce de Leon Blvd	Suite 202	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		corporate@b2b.legal		
		E-mail address: (to be used for future annual report noti	ification)
For further in	nformation e	oncerning this matter, please c	all:	
Serena Ficho	era		305 4443114	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	he following amount:		
■ \$25,00 E	filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection
		Corporations	Division of Cor	rporations
J.1	D. Box 632	. 1	The Centre of T	rananassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOW PILATES RE	FORMER, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on o Liability Company)	our records.	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000299761}{1.00000000000000000000000000000000000$	were filed on <u>07/03/20</u>	024	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	ility Company," the design	ation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	SECURCIANCE OF SECURITION OF S	2
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida si	treet address	
		, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City •	Z	ip Code
	_		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	KRISTIN SCHNEIDER	221 SW 12TH ST. APT 306	□Add
		MIAMI, FL 33130	■Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			☐ Remove
			☐ Change
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	ate, if other than the	date of filing: be specific and cannot be pock does not meet the app	prior to date of filing or n	ore than 90 days after fi	ial) ling.) Pursuant to 605.0207 late will not be listed as
Effective dan effective of Note: If the document's of	effective date on the De	partment of State's reco	ords.		aute with hot be fisted as
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document s (effective date on the De	partment of State's reco			
record spec	effective date on the Delifies a delayed effective August 26	epartment of State's reco	ve time, at 12:01 a.m.		
e record spec of is filed.	effective date on the Delifies a delayed effective August 26	epartment of State's reco	ve time, at 12:01 a.m.		

Filing Fee: \$25.00