L24000311498

(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)	
	,	
		
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ing Officer;	
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Office Use Only



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2024 JUL 31 AM 9: 56

PRESENTATIONS

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:____

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

<u>Please use funds f</u> Authorization Sigi		<u>nt:</u> 120210000160: \$25.00 au Lell		
Business Name: LIFE MUSIC N FITNESS, LLC Document # L24000311498 Certified Copy Certificate of Status				
NEW FILINGS	&	<u>AMENDMENTS</u>		
Profit CorpNot for ProfitLimited LiabilityDomesticationLLLPCorpIncOther		_XAmendmentResignation / DissociationChange of Registered AgentDissolution for LLCMergerArticles of ConversionAmended & Restated Articles of IncorporationStatement of Authority		
APOSTILLE(s)	&	OTHER FILINGS		
Apostille(s) Country(s)		Foreign FilingReinstatementQualificationFictitious NameAnnual Report		

COVER LETTER

TO:

Tallahassee, FL 32314

TO:	Registration Security Division of Cor				
cun ira	LIFE MUSI	C N FITNESS, LLC			
SUBJER	CT;	Name of Limi	ted Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Theodore J. Zurla			
		-	Name of Person		
			Firm/Company	<u> </u>	
		5871 SW 36TH CT APT 1	03		
			Address		
		DAVIE, FL 33314			
			City/State and Zip Code		
		t.zurla@yahoo.com E-mail address: (to be used for future annual	report notification)	
For furtl	her information c	oncerning this matter, please ca			
Theodo	re J. Zurla		954 439 at ()	9 0568	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclose	d is a check for th	ne following amount:			
≘ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee of Certified Copy (additional copy is enc	Certificate of	`Status & . by
	Mailing Addres		Street A		
	Registration S Division of C		Divisio	ation Section n of Corporations	
	P.O. Boy 632	•	The Ce	ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Life Musie NF	tness,	LLC	2024 JUL 31 AM 9: 56
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears ability Company)		TALLAHASSEF FI OPIO
e Articles of Organization for this Limited Liability Company w	vere filed on	-12-20	24 and assigned
orida document number <u>L2406031149</u> 8			
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :	
e new name must be distinguishable and contain the words "Limited Liabilit	y Company," the des	signation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRESS)		····	
nter new mailing address, if applicable:		 	
failing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
		<u></u>	
If amending the registered agent and/or registered office actent and/or the new registered office address here:	ldress on our rec	cords, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
	City	, Flor	ida Zip Code
Donistand Agant's Cimptons if the sing Dogistand Agant	Cuh		r.gr Cone
ew Registered Agent's Signature, if changing Registered Agent:			le an annual experience de la constant de la consta
berehy accept the appointment as registered agent and agree	e to act in this c	avacity. I furtl	her agree to comply with the

nereny accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ging filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany 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, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Theodore J. Zurla	5871 SW 36TH CT APT# 103, DAVIE, FL 33314	= Add
			□Remove
			□Change
			🗆 Add
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ective date, if other than the date effective date is listed, the date must be s	e of filing:				(option	al)	
e: If the date inserted in this block of	does not mee	t the applica	o date of filing ble statutory	or more than 96 filing requires) days after fil nents, this d	ing.) Purst ate will n	ant to 605.0 of be listed
ument's effective date on the Depart	ment of Stat	e's records.					
cord specifies a delayed effective dat	e, but not an	effective tin	ne, at 12:01 a	i.m. on the ear	dier of: (b)	The 90th	day after
filed.							
Wednesday, July 31st		2024					
ed Wednesday, stay 5136		7	7	•			
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