

Florida Department of State

L2200052122
Division of Corporations
Electronic Filing Cover Sheet

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H220004005603ABCT

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : DERHY FINANCIAL SERVICES LLC
Account Number : I20090000059
Phone : (786)380-3472
Fax Number : (786)320-6879

2022 NOV 29 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EATITUDE LLC

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

2022 NOV 29 PM 4:52

C. BRUMBLEY
NOV 30 2022

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EATITUDE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWARDS J. MATUTE

Name of Person

EATITUDE LLC

Firm/Company

3047 JOHNSON ST

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

derhyfinancialservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARDS J. MATUTE

Name of Person

786

at ()

Area Code

380-3472

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EATITUDE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/25/2022 and assigned
Florida document number L22000058122

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SECRETARY OF STATE
TALLAHASSEE, FL.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: EDWARDS J. MATUTE

New Registered Office Address: 4930 SW 28 TERRACE

Enter Florida street address

FORT LAUDERDALE, Florida 33312
City 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.

EDWARDS J. MATUTE
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 added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	MATUTE, EDWARS J.	4930 SW 28 TERRACE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	MUNOZ, DAMARIS S.	4930 SW 28 TERRACE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASAYAG, SHLOMI	3047 JOHNSON ST	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 28, 2022

EDWARDS JOSE MATUTE
Signature of a member or authorized representative of a member

EDWARDS JOSE MATUTE
Typed or printed name of signee