

LD8000098100

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(Address)

(Address)

(City/State/Zip/Phone #)

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11 JAN -6 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Fits Holdings, 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:

Denize Barbosa
Name of Person

Fits Holdings, LLC
Firm/Company

3181 S. Ocean Dr. Apt #201
Address

Hallandale, FL 33009
City/State and Zip Code

denizebarbosa@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Flavia Barbosa at (786) 229-6584
Name of Person Area Code & 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

(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 October 17, 2008 and assigned Florida document number L08000098100.

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 end with 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)

3181 S. Ocean Dr.

APT # 201

Hallandale, FL

FILED
JAN - 6 PM 1:09
TALLAHASSEE, FLORIDA

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:

Denize Barbosa

New Registered Office Address:

3181 S Ocean Dr. Apt # 201

Enter Florida street address

Hallandale

City

Florida

33009

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FLAVIA BARBOSA	1119 NW 143 RD Ave Pembroke Pines, FL 33028	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Denize Barbosa	3181 S. Ocean Drive APT #201 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jaime Barbosa	3181 S. Ocean Drive APT #201 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JANUARY 4, 2011


Signature of a member or authorized representative of a member

Flavia Barbosa
Typed or printed name of signee