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11 JUN 28 PH 12: 07

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON:

COVER LETTER

Division of Corporations
SUBJECT: SLENDER FIT U 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:
Geraldine A. Kelleher
Slender fit W
12525 Ovange Drive, Suite 701
Davie (1 33330) City/State and Zip Code
<u>Geri Correa & hotmail.com</u> DE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GeriAkellehes at 305, 527-6931
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed) \$\ \t

MAILING ADDRESS:

Registration Section -

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

SECRE	FILEU PARY OF OF CORP	STATE
MAIDIO		_

Slender	tit U LLC 11 JUN 28 PM 12:01
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on April 26,2010 and assigned
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRIU	Gendine Correa	7357 NW 174 Tel, \$103	Add Remove
ACTRIM	Gealdine A Kelleher	7357 NW 174 Tel \$ 103	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	G. 24.	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATIONS 11 JUN 28 PH 12: 07

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:

Page 2 of 2

Filing Fee: \$25.00