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(Business Entity Name)
	(Document Number)	
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EXAMINER



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COVER LETTER

TO: Registration Division of C			
SUBJECT:	GET FI Name of Limite	T 4 YOU Z ed Liability Company	LC
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	spondence concerning this matter to	o the following:	
	Stan GET	Name of Person FIT 4 YOU Firm/Company	Jana say
	1462 4	0 Street	
	Bulland E-mail address: (to	Calm Beach F City/State and Zip Code Sist IBSO ON 9 be use for future annual report number	7 33407 ation)
For further information	n concerning this matter, please cal		
Stanley	1 Bulland	at (56/) 352 – Area Code & Daytime T	relephone Number
*Enclosed is a select for \$25.00 Filing Fee	r the following amount: \$30.00 Filing Fee & Certificate of Status	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

GET FI	T 4 YOU	1660.		
(Name of the Limited Liability Compa (A Florida Limited I	<mark>ny as it ươw áppears</mark> Liability Company)	on our records	<u>.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number 7 273116752	were filed on	7/30/20	10 and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>				
The new name must be distinguishable and end with the words "LimitL.L.C."	Chrishyu ted Liability Compan	1 Stuo y," the designati	on "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:		SAMe		
(Principal office address MUST BE A STREET ADDRESS)			20	· · · · · · · · · · · · · · · · · · ·
				det. Conto
Enter-new mailing address, if applicable:		SAME	$\mathbb{S}^{\frac{1}{2}}$ $\mathbf{\omega}$	
Mailing address MAY BE A POST OFFICE BOX)			70 TE	111
			- -	Grand .
B. If amending the registered agent and/or registered of	fice address on ou	r records, <u>en</u>	ter the name of	f the new
egistered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:		SAME		
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agra he provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as posing filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of provided for in Cha	fmy duties, an pter 608, F.S.	d I am familiar Or, if this docu	with and ment is

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
	SAME		Add Remove		
	·	. —————————————————————————————————————	Add		
			Add Remove		
<u> </u>			Add Remove		
			Add PRemove		
		40 And			
D. If amen	ding any other information, enter ch	angc(s) here: (Attach additional sheets, if necessary.)			
			<u> </u>		
Dated	5/26/2011.		<u> </u>		
		nber or authorized representative of a member			
	Stavley W.	pped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00