L17000122292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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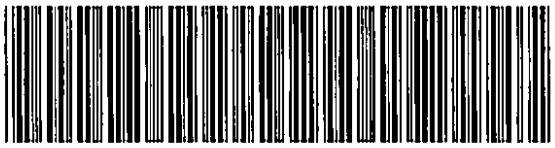

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17 JUL 17 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 19 2017

Y CULKER

TO
ARTICLES OF ORGANIZATION
OF

KINDER FIT, 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 JULY 14, 2017 and assigned Florida document number L11000122292.

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)

3512 CARDLWOOD LANE
SAINT AUGUSTINE, FL 32086

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3512 CARDLWOOD LANE
SAINT AUGUSTINE, FL 32086

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:

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TALLAHASSEE, FLORIDA

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 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.

_____
If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	BYRD, EMILY	236 SWALLOW RD.	☐ Add
		ST. AUGUSTINE, FL 32086	☒ Remove
			☐ Change
MGR-AMBR	KRULCIK, ANGIE	3512 CAROLWOOD LANE	☒ Add
		ST. AUGUSTINE, FL 32086	☐ Remove
			☐ Change
AMBR	KRULCIK, MIKE	3512 CAROLWOOD LANE	☒ Add
		ST. AUGUSTINE, FL 32086	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 6/30/17

Signature of a member or authorized representative of a member

ANGELA M. KRULCIK

Typed or printed name of signee

Filing Fee: $25.00