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SECRÉTARY OF STATE

C. LEWIS

DEC 2 0 2011

EXAMINER

COVER LETTER

Division of C				
SUBJECT:	FIT TO A T, LLC			
SUBJECT:	Name of Limited Liability Company			
	of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following:			
	DAVID RODRIGUES, CPA			
	Name of Person			
	DAVID RODRIGUES, CPA, PA			
	Firm/Company			
	101 N MISSOURI AVE			
Address				
	CLEARWATER, FL 33755			
City/State and Zip Code drodrigues 123@yahoo.com E-mail address: (to be used for future annual report notification)				
	RODRIGUES, CPA at (727) 439-0089			
Name	e of Person Area Code & Daytime Telephone Number			
Enclosed is a check for	r the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate of Status (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certificate 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

File of reportion

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 DEC 19 PM 12: 45

	FIT TO A T I I O	SFC	CRETARY OF STATE		
(Name of the Limited L	FIT TO A T, LLC Inbility Company as it now appeal Iorida Limited Liability Company)	rs on our records.	AHASSEE. FLORIDA		
(AF	iorida Limited Liability Company)				
The Articles of Organization for this Limited Liab	• • •	11/22/2011	and assigned		
Florida document numberL110001325					
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liability company her	<u>:e</u> :			
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Compa	my," the designation "I	LC" or the abbreviation		
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET ADDRESS)					
	<u></u>				
Enter new mailing address, if applicable:	and the second s				
(Mailing address MAY BE A POST OFFICE BOX)					
•			 .		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter (</u>	the name of the new		
Name of New Registered Agent:	Jason s	einteld			
	1059 Broadw		. D		
New Registered Office Address:		ter Florida street add	tress		
	DONKOLO	, Florida 🧵	34698 U5 Zip Code		
	City		Zip Code		
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ci	oper and complete performance ered agent as provided for in C existered office address, I hereb	hapter 608, F.S. Or, y confirm that the lit	if this document is mited liability		

Page 1 of 2

... If affending 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 Title. Name <u>Address</u> Type of Action **MGRM GUTZ, CHRISTOPHER** 1059 BROADWAY SUITE D ☐ Add DUNEDIN EL 34698 LIS MGR SEINFELD, JASON 1059 BROADWAY SUITE D ✓ Add DUNEDIN FL 34698 U.S. Remove ☐ Add ☐ Romove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **DECEMBER 15** 2011 Dated_ Signature of a member or authorized representative of a member ason Seinfeld

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00