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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Document Number)	
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

Fit Girl Ch	ronicles, LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		_	
Please return all correspo	ondence concerning this matter	to the following:	
	Allison J. Tamares		
		Name of Person	
	Fit Girl Chronicles, LLC		
		Firm/Company	
	785 Oakleaf Plantation Pa	rkway #723	
		Address	
	Orange Park, FL 32065		
		City/State and Zip Code	
	tamares@att.net		
	E-mail address: (to be used for future annual report n	otification)
For further information of	concerning this matter, please c	ail:	
Allison J Tamares		904 305-1093	
		at () Area Code Dayt	
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
	-	□ 466.00 CTC C 9	□ \$40 00 EU - C
■ \$25.00 Filing Fee	☐ \$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 Addres		Street Address:	
Registration		Registration S Division of C	
Division of C P.O. Box 632		The Centre of	•
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fit Girl Chronicles, LLC	2021 MAR -5 PH 5:51	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L14000039293	ompany were filed on 3/4/2014 and assigned and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit ANSE PUTES SOUTH TO NOT TO SE The new name must be distinguishable and contain the words "Limit	ted liability company here: Fitness & Nutrition, LLC ted Liability Company," the designation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRI	785 Oakleaf Plantation Parkway #723 Orange Park, FL 32065	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	785 Oakleaf Plantation Parkway #723 Orange Park, FL 32065	
agent and/or the new registered office address here:	office address on our records, enter the name of the new register	
Name of New Registered Agent:	Hard Diogratics Dodaway #722	
New Registered Office Address: 785 Oal	785 Oakleaf Plantation Parkway #723	

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.

City

Orange Park

Enter Florida street address

, Florida 32065

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	d from our records:		
MGR = N AMBR = N	Manager Authorized Member	• •	
<u>Title</u>	<u>Name</u>	Address 21 MAR -5 PM 5:51	Type of Action
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			ПRетоve
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ffective date, if other than the da	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 k does not meet the applicable statutory filing requirements, this date will not be listed
ote: If the date inserted in this block	arment of State's records.
ote: If the date inserted in this block ocument's effective date on the Department of the Department o	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ote: If the date inserted in this block ocument's effective date on the Depa	

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