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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FitSlee	ve., LLC
Na	me of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
_ mes	Name of Purpos
	Name of Person
	Firm/Company
243	29 Silkban Ci.
	Address
te 1	City/State and Zip Code
~ \	City/State and Zip Code
E-mail	address: (to be used for future annual report notification)
For further information concerning this matter	, please call:
Mesha Hill	at (513) 532 - 9567 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing F Certificate of	
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
	I HOISIANI OLI AFFIAFUHORE

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

titsleeve,		
(Name of the Limited Lia (A Flo	bility Company as it now appears on original Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L1400001		고용 and assigned
This amendment is submitted to amend the following	<u>.</u>	
A. If amending name, enter the new name of the l	imited liability company here:	
Ch Der	nond Netar	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designa	ition FLLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
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r a		Ä
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Ä
		• • • • • • • • • • • • • • • • • • • •
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida st	reet address
		, Florida
_	Ciņ _'	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Add 23
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effective date is listed, te: If the date inserted	than the date of filing the date must be specific and in this block does not be on the Department of	nd cannot be prior meet the applic	able statutory fili	more than 90 days aft	t ional) er filing.) Pursi nis date will n	iant to 605.02 of be listed
cord specifies a delayer sfiled.	ed effective date, but no	ot an effective ti	me, at 12:01 a.m	on the earlier of:	(b) The 90th	n day after th
ed	rembre 8 Signature of a	<u>, 2021</u>	·			
		antra-	W. O			
	- vn	2.00.				