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COVER LETTER

TO:	Registration Division of C	n Section Corporations		
SUBJE		ixperience Featuring You LLC		
(701)	···	Name of Lin	nited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please re	eturn all corre	spondence concerning this matter	to the following:	
		Danielle Brown		
			Name of Person	
			Firm/Company	
		12740 Lexington Summit	St	
			Address	
		Orlando, Florida 32828		
		IAmFitLLC@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For furth	er information	n concerning this matter, please c	all:	
Danielle	Brown		269 808-2112 at()	
	Name	e of Person	Area Code Daytime	Telephone Number
Enclosed	is a check for	r the following amount:		
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addr	ress:	Street Address:	

Registration Section
Division of Corporations
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

Divine Experience Featuring You LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con-	ipany were filed on September 15, 2014	and assigned
Florida document number 1.14000144169		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	l liability company here:	
AM FIT LLC		
he 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 ADDRES	ES)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
maning man ess MAT DE ATOST OFFICE BOX)		
If a more than the constant of the second of		
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	me of the new register
and the second s		
Name of New Desistered Assess		
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		-	
			Remove
		 .	Change
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			
			[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 _____ representative of a member Typed or printed name of signee