

L14000/59002

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(Address)

(Address)

(City/State/Zip/Phone #)

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07/26/23--01013--018 **25.00

FILED
JUL 26 2023
10:10 AM
JUL 26 2023

COVER LETTER

TO: Registration Section
Division of Corporations

TANYAFIT LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TANYA MOLLICA

Name of Person

TANYAFIT LLC

Firm/Company

25241 CHAMBER OF COMMERCE DRIVE

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

TANYAFIT@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TANYA MOLLICA

239

888-5114

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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**

TANYAFIT 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 10/10/2014 and assigned
Florida document number L14000159002.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

TANYA MOLLIKA

New Registered Office Address:

25241 CHAMBER OF COMMERCE DRIVE

Enter Florida street address

BONITA SPRINGS

City

Florida 34135

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KETTELER, JANET F	5051 PELICAN COLONY BOULEVARD	<input type="checkbox"/> Add
		UNIT 1201	<input checked="" type="checkbox"/> Remove
		BONITA SPRINGS, FL 34134	<input type="checkbox"/> Change
AMBR	KETTELER, THOMAS R	5051 PELICAN COLONY BOULEVARD	<input type="checkbox"/> Add
		UNIT 1201	<input checked="" type="checkbox"/> Remove
		BONITA SPRINGS, FL 34134	<input type="checkbox"/> Change
MGR	MOLLICA, TANYA	28521 SOLEIL CIRCLE	<input type="checkbox"/> Add
		UNIT 305	<input type="checkbox"/> Remove
		BONITA SPRINGS FL 34135	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CITY OF BONITA

[illegible]

(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 07/19, 2023

Signature of a member or authorized representative of a member

TANYA MOLICA

Typed or printed name of signee

day
7-11-25
10:10