## L14000196032

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\*\*\*CRETARY OF STATE
\*\*\*A944SSEE, FLORIDA

FEB 29 2016

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## **COVER LETTER**

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	Registration Section Division of Corporations
SUBJEC	T: Carter Fit Fam, LLC
SUBJEC	Name of Limited Liability Company
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Alisha Gulla-Carter
	Name of Person
	Firm/Company
	1120 Alul 27th 10/01
	438 NW 37 Way Address
	Deerfield Beach, FL 33442 City/State and Zip Code
	alishaandchris Q yahoo.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
Ali	SNA GUILA - Carter at (954) 254 - 5010  Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Person Name
	·
	is a check for the following amount:
\$25.0	00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified 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

## TO ARTICLES OF ORGANIZATION OF

Carter Fit Fam,	LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appea lited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L14000196032</u>	pany were filed on	12 29 14 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :
Whole Body Health and F The new name must be distinguishable and contain the words "Limited I	itness, L Liability Company," the c	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	<u></u>	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:	d office address or here:	our records, enter the name of the new
New Registered Office Address:	E El-	rida street address
	Emer Fio	
***	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of as provided for in ( ffice address, I herel	my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is
•		Sent, Signature of New Additional Agent

Page 1 of 3

or removed from our records:

MGR = ManagerAMBR = Authorized Member

Type of Action	Address	<u>amaN</u>	<u>əlji</u>
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П Веточе			
Change			
PPA □			
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