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(Re	equestor's Name)	-
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:		stration Sec ion of Corp			
CUDI			lution Fitness, LLC		
SUDJE	:CI: _			ited Liability Company	
The en	closed .	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return a	ill correspon	dence concerning this matter	to the following:	
			Tia Grant		
				Name of Person	
			Healthy Evolution Fitness,	LLC	
				Firm/Company	
			5 Fairway Dr Apt 8		
				Address	
			Cocoa Beach, FL 32931		
				City/State and Zip Code	
			healthyevolutionfitness@gn		 -
For fur	ther inf	ormation co	ncerning this matter, please ca	to be used for future annual report notifull:	ication)
		Name of	Person	at () Area Code Daytimo	Telephone Number
Enclos	ed is a c	theck for the	following amount:		
\$2:	5. 0 0 Fil	ing 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records. Limited Liability Company)	.)	
The Articles of Organization for this Limited Liability Corollary	ompany were filed on <u>07/29/2015</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		17 AE	
(Principal office address MUST BE A STREET ADDR	ESS)		
		<u> </u>	
		2	
Enter new mailing address, if applicable:		[
(Mailing address MAY BE A POST OFFICE BOX)		(2)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the r	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Flo	rida	
	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 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>	Type of Action
AMBR	Ann Blush	7155 ANN CATHERINE COURT	Add
		COCOA, FL 32927	= Remove
			Change
AMBR	Eva Whittimore	1200 POLLYANNA DRIVE	
		TITUSVILLE, FL 32796	Remove
		(last name spelled wrong intially)	☐ Change
			Add
			□ Remove
		<u> </u>	Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change

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fective date if oth	er than the date of	Nov 27	. 2017		_ (optional)	
in effective date is liste	d, the date must be speci	itic and cannot be	prior to date of filir	ng or more than 90 c	lays after filing.) Pursu	ant to 605.02
	rted in this block does late on the Departmen			y filing requireme	ents, this date will no	ot be listed
	•					
record specifies	s a delayed effect	ive date, but	not an effec	tive time, at 1	2:01 a.m. on th	e earlier
	ter the record is f					
The 90th day aft						
		1 017				
The 90th day aft December 12		2017 				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00