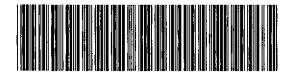
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			
CUD IE	FIT BY SU			
SUBJE	CT:	Name of Limi	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		MARCOS REZENDE		
			Name of Person	
		CSG - CAPITAL SERVIC	ES GROUP, INC.	
		 	Firm/Company	
		446 W HILLSBORO BLV	'D	
			Address	
		DEERFIELD BEACH, FL	.33441.	
			City/State and Zip Code	
		NATALIA@THEWAYGR		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information c	oncerning this matter, please ca	all:	
NATAL	LIA MEDEIROS		954 427-4770 at ()	
	Name o	f Person	at (at Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIT BY SUE LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	y Company were filed on 10/05/2015	and assigned
lorida document number L15000169261	•	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	Citv	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>	Address	Type of Action
AMBR	SUESLEY FERREIRA MOURA	2400 NW 93RD AVE	Add
		DORAL, FL 33122	☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			Add
			Remove
			Remove

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