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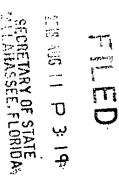
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### **COVER LETTER** ·

Div	ision of Corp	porations		J.			
SUBJECT:	We R Nutz				of Status &		
SOBSECT.			ted Liability Company	,			
The enclosed	l Articles of A	Amendment and fee(s) are sub	nitted for filing.				
Please return	all correspoi	ndence concerning this matter t	to the following:				
		Shawna Pancari					
	Name of Person						
	Kids Fit Club, LLC.						
			Firm/Company				
		8049 Sunset Drive	٠.				
			Address				
		Yalaha, FL 34797					
			City/State and Zip Code	<u> </u>			
		shawnapancari@gmail.com					
		E-mail address: (t	o be used for future annual repo	rt notification)			
For further in	nformation co	oncerning this matter, please ca	II:				
Shawna Pand	cari		352 801-83	26			
	Name of	Person	at () Area Code D	aytime Telephone Number			
Enclosed is a	check for the	e following amount:					
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified (	of Status &		

Registration Section

TO:

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

We R Nutz, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	nny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited L Florida document number L15000193082	iability Company	were filed on 11/14/2015	and assigned
his amendment is submitted to amend the foll	lowing:	• .	
a. If amending name, enter the new name of	of the limited liab	ility company here:	
Kids Fit Club, LLC.			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	cable:	8049 Sunset Drive	
Principal office address MUST BE A STREE	ET ADDRESS)	Yalaha, FL 34797	-
nter new mailing address, if applicable:		same	
Mailing address MAY BE A POST OFFICE BOX) .			STATE A
B. If amending the registered agent and egistered agent and/or the new registered o			ords, enter the name of the
Name of New Registered Agent:	Shawna Pancar	i	
New Registered Office Address:	8049 Sunset Di		
		Enter Florida street ad	dress
	Yalaha		Black 4 34797

#### 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.

City

If Changing Registered Agout, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Shawna Hulbert	8049 Sunset Drive	
		Yalaha, Fl 34797	<b>■</b> Remove
		· 	Change
MGR	Shawna Pancari	8049 Sunset Drive	<b>⊟</b> Add
		Yalaha, FL 34797	□ Remove
			☐ Change
		· .	
			Remove
			Change
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fectiv	ve date, if other th	an the date of	filing:			(option	al)	
an effe	etive date is listed, the If the date inserted in	date must be specif	ic and cannot be pri-	or to date of filing	or more than 9	00 days after fil	ing.) Purs	uant to 605.02
	ent's effective date o				ming require	ments, mis d	ate will i	iot oc nstea
e rec	ord specifies a d	lelaved effecti	ve date, but n	ot an effecti	ve time, a	t 12:01 a.r	n. on t	he earlier
The	90th day after t	he record is fi	led.					
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		Signature	of a member or au	horized represen	tative of a mer	nber 🦰 🗬	ט	M
						S.		
	Shawna Pancari					<b>~</b> →	ىپ	

Page 3 of 3

Filing Fee: \$25.00