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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

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GT.	in more	Capital Fit,			
SC	BJECT:			ited Liability Company	
Th	e enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ase return	all correspo	ndence concerning this matter	to the following:	
			Suzana Popescu		
				Name of Person	
			Capital Fit, LLC		
				Firm/Company	
			820 Blue Ridge Cir		
				Address	
			West Palm Beach, FL 3340	99	
				City/State and Zip Code	
			suzanapopescu79@yahoo.c		
			E-mail address: (to be used for future annual report notific	cation)
Fo	r further i	nformation c	oncerning this matter, please ca	all:	
Su	zana Pop	escu		561 577-9246	
_		Name of	f Person	at ()	Telephone Number
En	closed is a	a check for th	ne following amount:		
=	\$25.00 F	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

Capital Fit, 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

Florida document number

L16000068585

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 "LLC."

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:

Suzana Popescu

New Registered Office Address:

820 Blue Ridge Cir

Enter Florida street address

West Palm Beach

__ .. 33

City

7:- C

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>	Name	Address	Type of Action
MGR	Suzana Popescu	820 Blue Ridge Cir	■ Add
		West Palm Beach, FL 33409	□ Remove
			☐ Change
MGR	Olguta Cojocaru	4141 Winnipeg Way	
		West Palm Beach, FL 33409	■ Remove
			Change
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			Change

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lote: If the date inserted in this b	ock does not meet the applicable statutory filing require	0 days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
ocument's effective date on the D	epartment of State's records.	
record specifies a delaye	d effective date, but not an effective time, at	12:01 a.m. on the earlier of
The 90th day after the rec		. 12.01 d.m. on the easier of
May 5th	2018	
ated	Signature of a member or authorized representative of a mem	
v Olgut	Cojoran	

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Filing Fee: \$25.00