

L16 000083576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

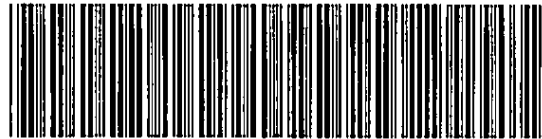
(Document Number)

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Office Use Only

*[Signature]*



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07/19/2019 09:00:00 AM

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U.S. MAIL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lizzycfitness.com, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lizzett Jenelly Chiappy  
Name of Person

Lizzycfitness.com, LLC  
Firm/Company

880 Jeronimo Dr.  
Address

Oral Gables, FL 33146  
City/State and Zip Code

Lizzycfitness@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lizzett J Chiappy at ( 305 ) 803-5533  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Lizzycfitness.com, 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 4/29/2016 and assigned Florida document number L16000083576.

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 "L.L.C."

**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:

Lizzett Jenelly-Chiappy Diaz

New Registered Office Address:

*Enter Florida street address*

Florida

*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.*

*[Signature]*

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>	<u>Type of Action</u>
MGR	Lizzett Jency-Chiappy Diaz		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 12 2022.

Signature of a member or authorized representative of a member

Lizzett JC Diaz

Typed or printed name of signer

**Harvey Ruvin**  
Clerk of the Circuit and County Courts  
Miami-Dade County, Florida



Application 2021-000247

Official Record

Date: FEB-25-2021

Rec#: 338708

Marriage License Bureau  
601 Nw 1st Court R1900  
Miami Fl 33136  
Phone: (305) 275-1155

## Certificate of Marriage

I, Harvey Ruvin, Clerk of the Circuit and County Courts of Miami-Dade County, State of Florida, do hereby certify that:

DANIEL ANDREW DIAZ

Resident of the City of MIAMI County of MIAMI-DADE  
State or Foreign Country of FLORIDA, and who was born on JUN-18-1984  
in the State or Foreign Country of FLORIDA and

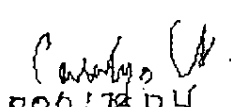
LIZZETT JENELLY CHIAPPY

Resident of the City of MIAMI County of MIAMI-DADE  
State or Foreign Country of FLORIDA, and who was born on MAY-21-1984  
in the State or Foreign Country of FLORIDA

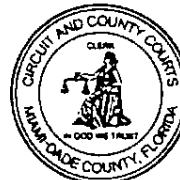
were married on FEB-20-2021 in MIAMI, FL  
by ANA CECILIA DIAZ, who is a NOTARY

WITNESS my hand and Official Seal this 25 day of February, 2021.

Harvey Ruvin, Clerk  
Circuit and County Courts

By:   
Deputy Clerk

CAROLYN  
DEPUTY CLERK



Florida

DRIVER LICENSE



10142 D200-530-84-681-0 CLASS E



JENNELLY-CHIAPPY  
6880 JEROMINO DR  
CORAL GABLES, FL 33146  
DOB 05/21/1984 SEX F  
EXP 05/21/2028 HGT 5'-01"  
REST NONE END NONE

SAFE DRIVER  
CS 10/30/2020  
SOD 7822204280379

REPLACED 06/08/2022

Operation of a motor vehicle constitutes  
consent to any safety test required by law

