L16000169215

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
J. DENOIS
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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | |20210000160: \$25.00 Authorization Signature Tropical T Shirts LLC L16000169215 Business #Document Walk in Will wait Certified Copies of articles Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit X Amendment ____ Not for Profit __Resignation of R.A. ___LLC ____ Change of Registered Agent Revocation of Dissolution Domestication INC Conversion CORP __ Statement of Authority **OTHER** Merger Restated Articles OTHER FILINGS REGISTRATION/QUALIFICATIONS _ Foreign Filing TRANSMITTAL LETTER ____ Partnership ____Reinstatement Fictitious Name Statement of CORRECTION _ Statement of Authority Domestication of a Foreign Corp. ___ APOSTIL __ Other

FLORIDA CAPITAL COURIER SERVICES. INC

EXAMINER'S INITIALS:

COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

TROPICA SUBJECT:	AL T SHIRTS LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
	Evan Waldman		
		Name of Person	
		Firm/Company	
	1967 N Conference Dr		
		Address	
	Boca Raton, Florida 3348		
	ewshirts@gmail.com	City/State and Zip Code	
		to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	
Evan Waldman		561 866-821	1
Name	of Person	Area Code Day	ytime Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address	
Registration Division of C		Registration Division of (
P.O. Box 632	=		f Tallahassee

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES	OF ORGANIZATIO	JN
	OF	SECRETARIZED PAIR: 26
		SECO ANZL
TROPICAL T SHIRTS LLC		Miller Phys
(Name of the Limited Liability	y Company as it now appears on Limited Liability Company)	our records.)
(A FIOTICA	Cimited Liability Company)	STA
The Articles of Organization for this Limited Liability Co	ompany were filed on	
Florida document number L16000169215	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
FitFluencer LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
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 room	de enter the name of the new veritaries
agent and/or the new registered office address here:	office audiess off our recor-	us, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agents	·
	ALCUL.	

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
			□ Remove
			□ Change
			□ Add
			□Remove
		<u> </u>	□Change
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ote. II	date, if other than ive date is listed, the date the date inserted in thit's effective date on the	is block does not	meet the application	abie statutory h	more than 90 days ling requirements	optional) after filing.) Pursu s, this date will n	ant to 605.020' ot be listed as
		ective date but no	ot an effective ti	me, at 12:01 a.n	ı. on the earlier o	of: (b) The 90th	day after the
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Filing Fee: \$25.00