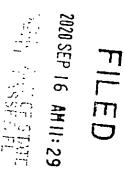
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ALENTHR, LL.	<u> </u>	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Rose	Name of Person	IADO
	TAL	ENTHR LLC	
		Firm/Company	
	2700	N MIAMI AVE Address	GUITE GOJ
	MIAM	FL 3312	}
	E-mail address: (t	CHADOO TALENT o be used for future annual report no	WR.CO tilication)
For further information co	ncerning this matter, please ca	dl:	
ROBERSO Name of	Person	$\underbrace{\qquad \qquad }_{\text{Area Code}} \underbrace{\qquad \qquad \qquad }_{\text{Dayti}}$	531978 me Telephone Number
Enclosed is a check for the	e following amount:		_
S25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document numberL_G_000216599	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	
FITPITCH LLE The new name must be distinguishable and contain the words "Limited Liab	22. C. Patrick C. MICWard albertain MIC.
The new name must be distinguishable and contain the words "Limited Liab	only Company. The designation "LLC" or the appreviation "LLC".
Enter new principal offices address, if applicable:	202
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16 AM III: 29
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	CI : 1
	, Florida

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
AMBR	ROBERTO K MACHADO	44 MILTON AVE, ALPHARETTA	<u> </u> □Add
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			🗷 Change
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an effect ote: If	e date, if other than the date is listed, the date in the date in this t's effective date on the	nust be specific and block does not r	d cannot be prior to meet the applicat	date of filing or a	nore than 90 days af	otional) ler filing.) Pur his date will	suant to 60 not be li	05.0207 sted as
	pecifies a delayed effec			ie, at 12:01 a.m.	on the earlier of:	(b) The 90t	th day a f	ter the
is filed								
l is filed	SEPTEMBER	9ª_	2020	- <u>·</u> /	Λ 1			

Filing Fee: \$25.00