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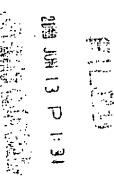
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COVER LETTER

TO:	Registration S Division of Co			
CHRICA	FIT AVEN	VUE LLC		
SUBJEA	CT:	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	-	
riease it	etum an correspo	ondence concerning this matter YASMANY A. RODRIG	-	
		FIT AVENUE LLC	Name of Person	
		2206 SW 8TH ST	Firm/Company	
			Address	
		MIAMI, FLORIDA 3313:	5 City/State and Zip Code	
		fitavenne305@gmail.com E-mail address: (to be used for future annual report notil	fication)
For furth	er information c	oncerning this matter, please c		
YASMA	YASMANY A. RODRIGUEZ GARCIA at () Name of Person Area Code Daytime Telephone Number			The second
	Name o	reson	Area Cade Dayting	: Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.0	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 radditional 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

(Name of the Limited (A	Liability Company as it now a Florida Limited Liability Comp	uppears on our records, oany)	
The Articles of Organization for this Limited Liab Norida document number L16000226134	oility Company were filed o	on FLORIDA	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability compa	ny here:	
FIT AVENUE LLC			
he new name must be distinguishable and contain the wor	ls "Limited Liability Company."	the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicab	de:		
Principal office address MUST BE A STREET.	ADDRESS)		
			· ·
Inter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	<u></u>		
	<u></u>		
Mailing address MAY BE A POST OFFICE BO			
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office addre		
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office addre		
Mailing address MAY BE A POST OFFICE BO	registered office addre		
Mailing address MAY BE A POST OFFICE BO . If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	registered office addre		
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address address here:		
Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:	registered office address address here:	ss on our records,	

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> <u>Name</u> Address Type of Action _□ Add _□ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add _□ Remove ____ Change □ Add ____

Remove ☐ Change _□ Remove _□ Change

	nation, enter change(s) here: tAttach additional shee	one y necessary.
		-
-		
Effective date, if other than the (If an effective date is listed, the date im Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prior to date of filing or more than 90 lock does not meet the applicable statutory filing requirem	(optional) days after filing.) Pursuant to 605.0207 a nents, this date will not be listed as t
the record specifies a delaye The 90th day after the re	d effective date, but not an effective time, at I cord is filed.	12:01 a.m. on the earlier of:
Dated JUNE 05	2019	
Alaske		
THE	Afgnature of a member or authorized representative of a member	er
YASMANY A. RODR	IGUEZ GARCIA Typed or printed name of signer	•

Page 3 of 3

Filing Fee: \$25.00