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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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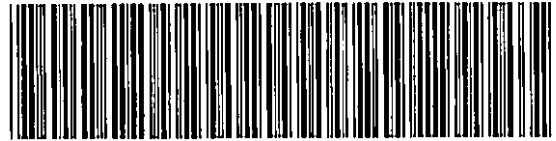
(Business Entity Name)

(Document Number)

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9/19/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fitroo Home Services, 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:

Kimberly A Prica

Name of Person

Fitroo Home Services, LLC

Firm/Company

9412 Swansea Lane

Address

West Palm Beach , FL 33411

City/State and Zip Code

fitroohomeservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly A Prica

703 5091640

at (_____) _____

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Fitroo Home Services,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 3/3/2017 and assigned Florida document number L17000049928.

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:

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.

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michael Klock		<input type="checkbox"/> Add
		9412 Swansea Lane, West palm Beach, Fl,33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 8/17, 2018

K.R.

Signature of a member or authorized representative of a member

Kimberly A Prica

Typed or printed name of signee

Fitroo Home Services, LLC

9412 Swansea Lane

West Palm Beach, FL 33411

Michael Klock has agreed to sell his third of the business known as Fitroo Home Services, LLC effective today, August 31, 2018. Fitroo Home Services, LLC will be owned totally (100%) as of this day by Kimberly Prica and Sharon Konieczko. All parties agree that Michael Klock will receive \$100.00 only to separate from the business known as Fitroo Home Services, LLC.

Effective this day, Michael Klock will receive no future earnings from Fitroo Home Services, LLC today forward or hold Fitroo Home Services, LLC or its owners personally liable for any and all things. We mutually agree that everything is even from this day forward and all assets of the company (i.e., tools, customers, websites, and advertising) stay with the company Fitroo Home Services, LLC.

Kimberly Prica: _____

Sharon Konieczko: _____

Michael Klock: _____

State of Florida
County of Palm Beach

pd TOAM
8/31/18
WAK

The foregoing instrument was acknowledged before me this 31 day of August, 2018 by K. Prica, S. Konieczko, M. Klock, who is personally known to me or has produced FL St. Licenses as identification and who did take an oath.

My commission expires: 9/10/18
Notary Public signature: Claudia M. Camacho

