## 117000 135791

(Re	questor's Name)	<del>.</del>
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(Cit	ty/State/Zip/Phone	e #)
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R. WHITE

JUN 19 2020

## **COVER LETTER**

DIV	ision of Corp	oorations			
UBJECT:	CAMP STO				
Name of Limited Liability Company					
he enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
lease return	all correspor	idence concerning this matter	to the following:		
		Daniel C. Ełkins, Esq.			
			Name of Person		
		Daniel Elkins, P.A.			
			Firm/Company		
		283 Cranes Roost Blvd., S	uite 111		
			Address	<u> </u>	
		Altamonte Springs, FL 323	701		
			City/State and Zip Code		
		Daniel@elkinsfreedman.com	n to be used for future annual report notition	mustical 2	
or further i	nformation co	ncerning this matter, please ca		canon	
Dana C. Bo	nanne		516 404-0210 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Inclosed is	a check for the	e following amount:			
□ \$25.00 I	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	

TO:

Registration Section

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

7.38 - -3 5712:29

CAMP STORM, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	• • •	and assigned
Florida document number L17000135791	·	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
FAB.FIT.FOCUSED., LLC		
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	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	•	
		<del>.</del>
If amonding the positioned areas and (an areign		
If amending the registered agent and/or regist ent and/or the new registered office address he		enter the name of the new registered
	_	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	uddress
		Florida
_	Cuy	Florida Zip Code
Registered Agent's Signature, if changing Regis	,	Florida Zip Code

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
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		<del></del>	□Remove
		<del> </del>	□ Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
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effective <u>e:</u> If the	date is listed, the date inserted	than the date of the date must be specified in this block documents on the Department	cific and canno es not meet th	e applicable	te of filing or mo statutory filing	ore than 90 days a	ptional) fter filing.) Pursuar this date will not	it to 605,020 be listed as
ord spec filed.	cifies a delaye	ed effective date,	but not an eff	ective time, a	at 12:01 a.m. c	on the earlier of:	(b) The 90th d	ay after the
May	15th		202	0		_		
		A Vin	a [/	Kin	2 01 11	0		
_			$\alpha$ $C$	- CO W				
_	<del></del>	Signatu	re of a member	r or authorized	representative	of a member		

Filing Fee: \$25.00