L17000223277

SMGQ LAW

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000296050 3)))

H17000296050 3A8KC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ROLAND,SANCHEZ-MEDINA JR.,P.A.
Account Number : I20030000135
Phone : (305)377-1000
Fax Number : (855)327-0391

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SUZ.EE0911@hotmail.com

FILED
17 NOV -9 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 NOV -9 AM 11:32
FILED
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUZY FIT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

J. LEGGETT
NOV 13 2017

Electronic Filing Menu Corporate Filing Menu Help

SMGQ LAW

(((H17000296050 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUZY FIT, 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:

SUSANNE PEREZ
Name of Person

SUZY FIT, LLC
Firm/Company

10088 SW 77th CT, #10088
Address

MIAMI, FL 33156
City/State and Zip Code

SUZEE0717@HOTMAIL.COM
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSANNE PEREZ at (786) 972-8822
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

(((H17000296050 3)))

SMGQ LAW

(((H17000296050 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUZY FIT, 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 10/27/2017 and assigned Florida document number L17000223297

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUSY FIT, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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

FILED
17 NOV -6 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, 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

((H17000296050 3))

(((H17000296050 3)))

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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

(((H17000296050 3)))

(((H17000296050 3)))

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

FILED
17 NOV -9 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 11/9/2017

Signature of a member or authorized representative of a member

AUGUSTO LOPEZ, ESQ., ATTORNEY FOR SUZY FIT, LLC
Typed or printed name of signee

Filing Fee: $25.00

(((H17000296050 3)))