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FEB 06 201) T. LEMEUX

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Fit	Division LL Name of Lim	. C	
	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Vesela	Dimitrov Name of Person	
	Fit D	Firm/Company	
	11417 2	enith Cir.	
	Tampa	Florida 3363	5
	Veseladim E-mail address:	Florida 3363 City/State and Zip Code TityOV @ Yahoo. Code To be used for future annual report noti	neation)
For further information c	oncerning this matter, please c	all:	
Vesela T	Dimitrov	at (206) 778 Area Code Daytim	1668
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	CI \$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

Fit Division	ON LLC		2 019 JAN 31	1 A II: 35
(Name of the Limited	V Florida Limited Liab	as it now appears on bility Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 18 00 00 8 0 9 5</u>	bility Company w	ere filed on <u>Ha</u>	rch: 29.20	18. and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liabilit	ty company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the design	vation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:			
Principal office address MUST BE A STREET	ADDRESS)		•	
Enter new mailing address, if applicable:	-			
Mailing address MAY BE A POST OFFICE B	<u>(Ολ)</u> .			
B. If amending the registered agent and/or registered agent and/or the new registered office		ee address on ou	r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Jacq	ueline M Derbysh Emerthoridas	lergner	
New Registered Office Address:				
	Tamp	a	Florida	33635 Zip Code
	•	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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Vladimir Dimitrov	11417 Zenith Cir.	🗆 Add
		Tampa Fl 33635	
			Change
MGR	Vesela Dimitrov	11417 Zenth Cir.	A dd
		Tampa FL 33635	□ Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			🗆 Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		🗆 Add
			Remove
			Change
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
•	
	
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•	
•	
•	
Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Panal_
	Signature of a member or authorized representative of a member
	Vesela Dimitrov
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00