

LI8000128169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bee Life 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:

Carlos E Dominguez

Name of Person

Bee Life Fit LLC

Firm/Company

115 Fifth Ave

Address

Lehigh Acres, FL 33936

City/State and Zip Code

beelifefitllc@gmail.com

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

For further information concerning this matter, please call:

Pedro Garcia

786
at ()

593-1000

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2019

CARLOS E. DOMINGUEZ
115 FIFTH AVE
LEHIGH ACRES, FL 33936

SUBJECT: BEE LIFE FIT LLC
Ref. Number: L18000128169

We have received your document for BEE LIFE FIT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00000961

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bee Life 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 05/22/2018 and assigned
Florida document number L18000128169.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

115 Fifth Ave

Lehigh Acres, FL 33936

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

115 Fifth Ave

Lehigh Acres, FL 33936

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:

Carlos E Dominguez

New Registered Office Address:

115 Fifth Ave

Enter Florida street address

Lehigh Acres


City

Florida 33936

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>
MGR	Karim Chakour	11143 NW 72nd Terrace	<input type="checkbox"/> Add
		Doral, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carlos E Dominguez	115 Fith Ave	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33936	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephanie Dominguez	115 FIFTH AVE	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33936	<input type="checkbox"/> Remove
		115 FIFTH AVE	<input type="checkbox"/> Change
MGR	Anthony Dominguez	Lehigh Acres, FL 33936	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

10/10/2018

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

$$12 \overline{) 2718}$$

Signature of a member or authorized representative of a member

Carlos E. Dominguez

Typed or printed name of signee