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## **COVER LETTER**

TO: Registration Section Division of Corporation	ons	
SUBJECT: Fit Vet	Name of Limited Liability Company	
The enclosed Articles of Amend	fment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
	Michelle Jones Name of Person	
	Tit Veteran, (C	
	13717 Lazy Oak Dr. Address	
	City/State and Zip Code  Fit Veter Cin (a gmail. com  E-mail address: (to be used for future annual report notification)	
For further information concerni	ing this matter, please call:	
M. Chelle J. Name of Person	at (813) 731-4348 FF Area Code Daytime Telephone Number S	
Enclosed is a check for the follo	owing amount:  \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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 Veteran, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	00/14/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
		viation "L.P.C."
Michelle Jones, LLC  The new name must be distinguishable and contain the words "Limited Liabilit	ry Company," the designation "LEC" of the above	I I
Enter new principal offices address, if applicable:		<del></del>
(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 of registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our records, <u>enter the</u> :	ne name of the new
		0) CO
New Registered Office Address:	Enter Florida street address , Florida	F []
	City	Tip Code 5
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to performance of my duties, and I am for provided for in Chapter 605, F.S. Or, I	if this document is

If Changing Registered Agent, Signature of New Registered Agent

R = Ma BR = Au	nager thorized Member		
		Address	Type of Action
ŧ.	Name Richard P. Gagner, Jr	13717 Lazy Oak Dr. Tampa, FL 33613	
<del></del>			Remove
			Change
<del> </del>			Add
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			ZI, Removes
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			_□ Remove

). If amending any other inform	ation, enter change(s) here: (Attach additional sheets,	if necessary.)
	<u> </u>	
		201
		218 JAN 28
		228
		1.5 <b>%</b>
		<del> </del>
	ust be specific and cannot be prior to date of filing or more than 90 da block does not meet the applicable statutory filing requiremen	
the record specifies a delaye The 90th day after the re	ed effective date, but not an effective time, at 12 cord is filed.	2:01 a.m. on the earlier of:
January 17 Dated	2019	
	MAJones	
Michelle A. Jones	Signature of a member or authorized representative of a member	
Michelle A. Jones		1

Page 3 of 3

Filing Fee: \$25.00