L18000229548

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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08/05/21--01012--010 **25.00

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
Fit Kids C	Cooking LLC	•	£
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	Brigette Schupay		
		Name of Person	
	Fit Kids LLC		
	-	Firm/Company	
	1102 E 31st Ave		
		Address	
	Tampa, FL 33603		
		City/State and Zip Code	
	brigette.schupay@gmail.co		
For further information	concerning this matter, please c	to be used for future annual report notifica all:	tion)
Brigette Schupay		813 277-4272	
Name	of Person	Area Code Daytime To	elephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fcc	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose
Mailing Addre		Street Address:	
Registration Division of (Registration Section	
P.O. Box 63:		Division of Corpor The Centre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fit Kids Cooking		
(Name of the Limited Liability (A Florida Liability)	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 09/27/2018	and assigned
Florida document number L18000229548		_
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	l liability company here:	
Fit Kids LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(S)	-
		-,
	-	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1-3
		[-2
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records, enter the	name of the new regist
		3
Name of New Registered Agent:		
New Registered Office Address:	P. P. P. A.	I
	Enter Florida street address	
	, Florid	a
	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.

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
			
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			DAdd
			□ Remove
			□Change
			
			□Remove
			Change.

services suc	th as life skills training, life coaching, clinical case reviews, providing expert opinions and counseling.
Therefore, a	more generalized name is required for the LLC to accommodate these changes and future growth.
	
	
	
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n effective date is ote: If the date	other than the date of filing:
ecord specifies a	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
August 3	2021
	District Character

Filing Fee: \$25.00