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(Requestor's Name)
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## **COVER LETTER**

TO:		istration Sec ision of Corp		,		
SUBJ	ECT:	BAM BAI	M FIT, LLC			
			Name of Lin	ited Liability Company		
The er	iclosec	l Articles of A				
Please	return	all correspon	ndence concerning this matter	to the following:		
			_			
				Name of Person		
				Firm/Company		2019
	5605 Riggins Court Suite 200					APPROVED FILED 2019 HAR 15 PH 6: 12
				Address		题 5 醋
			Reno, NV 89502			7 P
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			docs@incauthority.com	to be used for future annual report noti	ification)	で
For fu	rther in	aformation co	oncerning this matter, please c	•		
Proc	essin	g Departme	ent	at ( 800 ) 638-2320	•	
		Name of	Person	Area Code Daytim	ie Telephone Numbe	r
Enclos	sed is a	check for th	e following amount:			
<b>⊡</b> \$2	:5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
		MAILI	NG ADDRESS:	STREET/COUR!	IER ADDRESS:	

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAM	BAM FIT, LLC
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida 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
MGR	Juan Caballero-Rosario	173 Bonita St	☑ Add
		Titusville, FL 32780	☐ Remove
			Change
			☐ Remove
			☐ Change
			ZEES HARROYE S PH AND FILED Changes SE TO Ch
			日 6: 12 日 4 12
			□ Remove
			Change
			☐ Add
			Remove
			□ Change
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			□ Remove

). If amending	g any other information, enter change(1) here: (Attach additional sheets, if necessary.)	
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(If m effective d <u>Note:</u> If the	te, if other than the date of filing:	
f the record s b) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.	f:
Dated	1Arch 6th, 2019	
_	Signature of a member or authorized representative of a member	
S	Shawna Ormsby	
	Typed or printed name of signer	

Page 3 of 3

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