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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

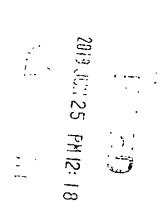
Office Use Only



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R. WHITE
JUN 2 7 2019



June 4, 2019

JAMIE ALLENBAUGH 13990 BARTRAM PARK BLVD APT 416 JACKSONVILLE, FL 32258

SUBJECT: FITFOOD4ALL, LLC Ref. Number: L19000111608

We have received your document for FITFOOD4ALL, 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.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

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.

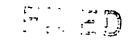
Rebekah White Regulatory Specialist III

Letter Number: 819A00011176

www.sunbiz.org

T O DOI: 0005 TH II)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FITFOOD	AALL, L	LC	2019 JUM 25 P	H 12: 18
(Name of the Limi	ted Liability Compa (A Florida Limited L	ny as it now appears of Jability Company)	n our records.)	-: 1
The Articles of Organization for this Limited L Florida document number <u>L19001111</u>	Liability Company	were filed on \underline{Apr}	ril 24 ⁿ , 2019	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o				
Fit Foods Jax Ll The new name must be distinguishable and contain the	<u> </u>		, mr. C., al., al.	nt I C "
The new name must be distinguishable and contain the	words "Limited Liabil			
Enter new principal offices address, if appli	cable:	<u> N/A</u>		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	N/A		
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered o office address her	ffice address on o <u>e</u> :	ur records, <u>enter</u>	the name of the
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida	ı street address	
			Florida	
		City		Zin 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 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
		_ 	Remove
			Change
			Add
			Remove
		\	☐ Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
			□ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: April 20th 2019 (original effective document) (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
f 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 May 15th 2019
Signature of a member or authorized representative of a member
Jamie Allenbaugh Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00