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To:	Division of Corporations	•••
	Fax Number : (850)617-6383	) يوند م ٠٠٠,
From:		
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	15-
	Account Number : I20000000019	0/12 0/2
	Phone : (305)552-5973	/*1 <i>c</i>
	Fax Number : (305)675-5944	
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MAY 21 2021

M. SOLONON

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARUWAY	LL C
(Name of the Limited blability Comp.	any as It now appears on our records.). Linbilly Company)
The Articles of Organization for this Limited Liability Compan Florida document number, <u>L19.000130.666</u>	y were filed on MAY 3 7019 and assigned
This amendment is submitted to amend the following:	
A. If a mending name, enter the new name of the limited lia	bility company here:
FIT MIDHI STORE	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC" or the abbreviation LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	4752 NW 97 CT ZOEOL FC 33118
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4750 NW G) CT 2080( EC 33178
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	NA
New Registered Office Address:	4752 NW 97 GT
μ.	Enter Florida street address
y <del>anin imma in</del>	City Florida 33178
: <del></del>	City Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

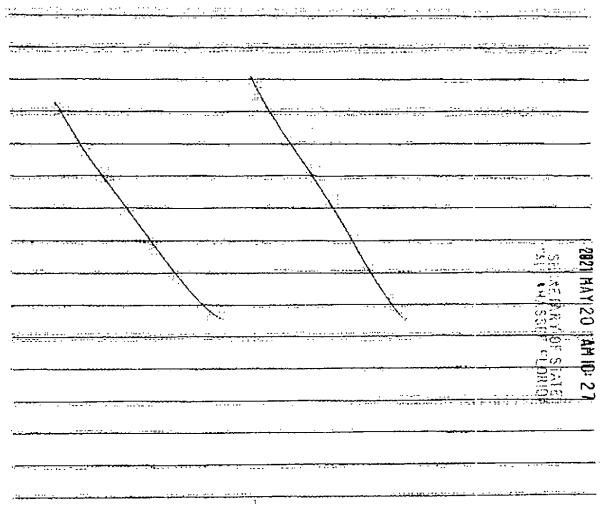
I hereby accept the appointment as registered agent and agree to act in this capacity. If wither agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

N/A-

MGR≠ Manager

If amending Authorized Person(s) authorized to manage, enter the title mand and address of each person being added or removed from our records:

AMBR. × A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MERM	MARCOS UMA	4752 NW 97 CT	
		20es (FC 33178	□ Remove
			Change
AHBR	DAULLO TABED VELASO	10 4750 NW 97 CT	-700
		DOEST CC 33178	□Remove
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		A CONTRACTOR OF THE CONTRACTOR	
			DChange



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	MAY 19 200/1.
	Signoture of amendar of amterical representative of it includes
	MARCOS LIMA Typed or printed name of signee