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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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## COVER LETTER

Division of Corp	porations		
SUBJECT: Q	H Fit FI, L	1 C nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<del></del>	Lisa Dallas Name of Person	
		QH Fit F1, L Firm/Company	
	348	26 Christophe	r View Dr 63189 Quickhitfit.com
		St Louis Mo City/State and Zip Code	63189
	E-mail address: t	to be used for future annual report po	<u>guickh</u> itfit.com
For further information co	oncerning this matter, please ca		
Name of		at ( <u>314</u> ) <u>276</u> Area Code Daytin	5413 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

**Registration Section** 

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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.	· ·
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000161477</u>	were filed on <u>6 19 20</u>	19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	dity company here:	
The new name must be distinguishable and contain the word: "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		79
Enter new mailing address, if applicable:		:: ≥ <u>≥</u> :: [1]
(Mailing address MAY BE A POST OFFICE BOX)	,	
		## 24
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:		enter the name of the ne
name of New Registered Agent.		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	Cuy	Zip Code

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

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all scattures 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. Thereby 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 Nuthorized 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

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Filing Fee: \$25.00