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AUG 1 : 2919 T. LEMIEUX

## **COVER LETTER**

10: Registration S Division of Co			
SUBJECT:	Bra fit	tness Clothing	
30tate1	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	Deusa Janine	Castilho Pontes Name of Person	
		Name of Person	
	Bra fitness	Clothing Firm/Company	·
		Firm/Company	
	3828 Crows C	Address	
		Address	
	Kissimmee	FL 34741	
		City/Mate and Mily Code	
	<u>E-mail address: (to</u>	Ness 2019 @ gma; 1.	Com
For further information	concerning this matter, please ca		,
Umar ,	Ammouni	at (215) 962 Area Code Daytine	Calmbana Number
Name	of reison	Med Code Dayunic	retephone Number
	/		
Enclosed is a check for	the following amount:		E AZO OO E'I' E
□ \$25,00 Filing Fee	the following amount:  \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

		-lothing LL	- C	FILED
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on o ability Company)	ur records.)	
The Articles of Organization for this Limited Liab	oility Company	were filed on <u>Joh</u>	17 7	19 / 116 1.2 P 1: 24  20.19 and assigned 1 AHASSEE, ELORIOA
Florida document number <u>L19000183875</u>	·		IML	CAMAGGETTECHION
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited li <u>ab</u> i	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designa	tion "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:			
Principal office address MUST BE A STREET	<u>ADDRESS)</u>			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u>	<u>0X)</u>		,	
B. If amending the registered agent and/or registered agent and/or the new registered offi			records,	enter the name of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida str	mat culdrage	
		talier i writte sir		
		City	Flor	ida 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>	Name	Address	Type of Action
MGR	Omar Ammouri	3828 Crows Next drive Unit 10	<sup>1</sup> À □ Add
		Kissimmee FL 34741	Remove
			Change
MGR	Deusa Janine Castilho Pontes	3828 Crows Nest drive Unit 102	Add
		Kissimmee Florisa 34741	Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Remove
			🗆 Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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(If an et Note:	tive date, if other than the date of filing: August 8th 2019 (optional) Sective 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 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next of seffective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	August 812 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00