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(Cit	ry/State/Zip/Phone	e #)
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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	SunFit Spo			
30BJEC1.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Marcos Escobar Saad		
			Name of Person	<del></del>
		SunFit Sports LLC		
			Firm/Company	
		16020 S Post Rd unit 201		
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
		Weston, FL, 33331		
		sunfitsports@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	ication)
For further i	nformation c	oncerning this matter, please ea	all:	
Marcos Esc	obar Saad		630 398-6515	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	he following amount:		
\$25.00 1	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:

Registration Section

TO:

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

ARTICLES OF ORGANIZATION OF

Stimul Sports LLC	
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number L19000217091	ompany were filed on 08/26/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability

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	Marcos Escobar Saad	16020 S Post Rd unit 201 . Weston, FL , 33331	<b>=</b> Add
			□ Pamaya
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			☐ Change
		<del></del>	
			□ Remove
			□ Change
			□ Add
		<del></del>	□ Remove
			Change

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Defending	. duta ifathan than th	data of filings			lon	tional)	
Note: If	e date, if other than the ive date is listed, the date muthe date inserted in this but's effective date on the E	lock does not mee	et the applicab	date of filing or mo ic statutory filing	re than 90 days af requirements, t	ter filing.) Pursuant his date will not b	to 605.0207 (3 e listed as th
	rd specifies a delaye Oth day after the red		te, but not a	an effective ti	me, at 12:01	a.m. on the $\epsilon$	earlier of:
09	/18/2019						
Dated		· ·	M	•			
			WY.	and management in the	C		
		Signature of a me	moor or authoria	ed representative (	i a member		

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Filing Fee: \$25.00