

219000226049

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/02/22--01061--00000000

JUN 22 2022
S. PRATHE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fiit Massage LLC
Name (S/Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samantha St. Fleur
Name of Person

Firm/Company

170 NW 122ND ST
Address

Miami, FL 33168
City/State and Zip Code

Sam11189@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha St. Fleur at (305) 763-2855
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Fiit Massage LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2022 MAY -2 PM 6:22
Sec. of STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/06/2019
Florida document number L19000226049.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Fiit Massage LLC
The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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. 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

[illegible]

(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 605.0207 (3)(b)

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 April 26, 2022

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Samantha St. Fleur

Typed or printed name of signee

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2022 MAY -2 PM 6:22
CLERK OF STATE
TALLAHASSEE, FLORIDA