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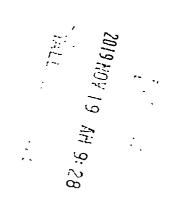
(Requ	estor's Name)	
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Special Instructions to Fill	ing Officer:	

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COVER LETTER

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

FIT OVER FIFTY FOR	EVER LLC		
SUBJECT:	Name of Limited Liab	ility Company	
The enclosed Articles of Amendment	and fee(s) are submitted for	or filing.	
Please return all correspondence conc	erning this matter to the fo	ollowing:	
	RON WAL	SHOL C	PA
Co	RMAT TAX +	T ACCTNU inn/Company	- Sucs INC.
_ 64	15 LAKE W	ONTH P	9 512 301
<u></u>	AKE WONTH	tale and Zip Code	bellsouth net
	E-mail address: (to be used	2 V I CC G	bellsouth, net
For further information concerning thi		·	
RON WATSKL	CPA	Area Code	Daytime Telephone Number
Enclosed is a check for the following a	amount:		
1: \$25,00 Filing Fee ☐ \$30,00 Certif		5.00 Filing Fee & Certified Copy additional copy is enclose	Certificate of Status &
MAILING ADDRI	°SS:	STDFFT/6	OUDIED ANNOESS.

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

FIT OVER FIFTY FOR LIFE LLC		
(Name of the Limited Liabii (A Florid	lity Company as it now appears on our records. la Limited Liability Company))
The Articles of Organization for this Limited Liability (Florida document number L19000265468	Company were filed on 10/23/19	and assigned
This amendment is submitted to amend the following:	<u>—</u> ·	
A. If amending name, enter the new name of the lin	nited liability company here:	
FIT OVER FIFTY FOREVER LLC		
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
		20
Enter new mailing address, if applicable:		2019 Right
(Mailing address MAY BE A POST OFFICE BOX)		
Truming warress might bl. A 1 031 01 11CL, BOA	-	
		
B. If amending the registered agent and/or regi	stered office address on our records	
registered agent and/or the new registered office add	dress here:	
		ω
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		-	☐ Remove
			☐ Change
			Remove
			☐ Change
			☐ Remove
			Change
			
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Remove
			Change

E. Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
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 Three les 15 dil9.
Signature of a member or authorized representative of a member
NEIL APPEL
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00