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Office Use Only

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	A Fito	255 LLC ited Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Alexar	Name of Person	·····
	Cat	5 Fitness 1	LLC
	3125 Fo	THUNE Way +	+ 16
	MEINT OF	City/State and Zip Code CHEFITORS To be used for future annual report notifi	S. COm
For further information co	ncerning this matter, please ca	ill:	
Alex(M) Name of	Person	at (56.) 5 1. Area Code Daytime	4 – 1670 e Telephone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	•	Street Address:	

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

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

FILED

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Lia	1.10
The Articles of Organization for this Limited Liability Company were filed on	
A. If amending name, enter the new name of the limited liability company here: 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:	FL.
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:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
	- -
	-
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regist</u> agent and/or the new registered office address here:	ered
Name of New Registered Agent: Alexandra Kelly	_
New Registered Office Address: Wellington FL 33414 Enter Floridu street address	-
, Florida	-

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>	<u>Name</u>	Address	Type of Action
MGR	Mirca Colon	325 Mulberry Grove	<u>R</u> O□Add
		Royal Palm Beach FL	Remove
		33411	□Change
			🗀 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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□ Change

D. If ame	nding any other informati	on, enter change(A .		al sheets, if nece	essary.)		
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(II an ette <u>Note:</u>	ve date, if other than the decrive date is listed, the date must of the date inserted in this blocent's effective date on the Depart of the date	be specific and cannot ck does not meet the	be prior to date of e applicable statu	itory filing	e than 90 days after requirements, this	filing.) Pursuant to 6		
If the record record is fil	I specifies a delayed effective ed.	date, but not an effo	ective time, at 12	:01 a.m. or	the earlier of: (b) The 90th day at	ter the	
Dated .	May 26	.30	<u> 99</u> .					
	s	ignature of a member	or authorized repr	ALL resentative o	la member	 		
		Typed	er printed name of	A K	elly			

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