

L20000050795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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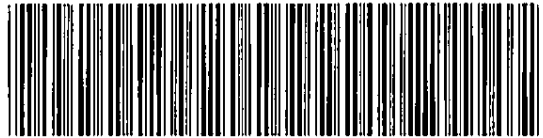
(Business Entity Name)

(Document Number)

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**ZETROUER PULSIFER**  
ATTORNEYS AT LAW

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James A. Greene, Esq.  
james.greene@zp-legal.com

September 26, 2023

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

To Whom It May Concern:

Enclosed please find the Articles of Amendment for FK YOUR DIET 3 LLC (Document # L20000050795) and a check in the amount of \$25.00 for the filing fee.

If you are to have any questions or require any further information, I can be reached at 727-440-4407 or at [james.greene@zp-legal.com](mailto:james.greene@zp-legal.com).

Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'James A. Greene'.

James A. Greene, Esq.

SEP 27 11 12:43  
TE

SEP 27 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FK YOUR DIET 3 LLC

Name of 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:

James A. Greene, Esq.

Name of Person

Zetrouer Pulsifer PLLC

Firm/Company

4100 Central Avenue

Address

St. Petersburg, FL 33711

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James A. Greene, Esq.

727

440-4407

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FK YOUR DIET 3 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/13/2020 and assigned  
Florida document number L20000050795.

This amendment is submitted to amend the following:

**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:

(Mailing address MAY BE A POST OFFICE BOX)

5406 Hansel Avenue

Orlando, FL 32809

**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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KETSUDA, LLC	15202 Richards Way	<input checked="" type="checkbox"/> Add
		Eagle Point, OR 07524	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIBEL ROMEO DURAN	22330 SE Elderberry Lane	<input checked="" type="checkbox"/> Add
		Grants Pass, OR 97527	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMY M. ELDRIDGE	5406 HANSEL AVE	<input type="checkbox"/> Add
		ORLANDO, FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11/12/2017  
11/12/2017  
11/12/2017

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

123456789101112131415161718192021222324252627282930313233343536373839404142434445464748495051525354555657585960616263646566676869707172737475767778798081828384858687888990919293949596979899100

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 September 26 \_\_\_\_\_

2023  
James Greene

Signature of a member or authorized representative of a member

James A. Greene, Esq.

Typed or printed name of signee

**Filing Fee: \$25.00**