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SECRETARY OF STATI

COVER LETTER

TO: Registration Section **Division of Corporations** Quick Fitness Repairs LLC SUBJECT: _ 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: Jose D. Nava Name of Person Quick Fitness Repairs LLC Firm/Company 18145 nw 61st avenue Address Hialeah FL, 33015 City/State and Zip Code Main@Quickfitnessrepairs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose D. Nava Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25,00 Filing Fee □ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate de Status & Certified Copy Certified Copy = < (additional copy is enclosed) (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

QUICK FITNESS REPAIRS 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 $\frac{04/19/2020}{1}$ and assigned Florida document number 1.20000107260 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 "LLC." 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 Cirv 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
AMBR	Maria Ronces	18145 NW 61ST AVE HIALEAH FL 33015	= Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change
			□Add
			□Remove
			SEC RESIDENCE
			SCO TRANSPORT
			EF STATE STA
			□Add
			□Remove
			□Change

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ffective	date, if other than the date of filing:(optional)
an effecti	ve 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 605,00 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
	's effective date on the Department of State's records.
	's effective date on the Department of State's records. SECTION TO THE PROPERTY OF THE PROPE
record s Lis filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated	PH 3: 33 SSEE, FL
	ATE ATE
	Signature of a member or authorized representative of a member
	The state of the s

Date of this notice: 02-08-2024

Employer Identification Number:

99-1226929

Form: SS-4

Number of this notice: CP 575 G

BLISSFUL BITES MIAMI LLC HALEY N TABARES SOLE MBR 3101 NW 161ST ST MIAMI GARDENS, FL 33054

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-1226929. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.