# L20 000 107 260

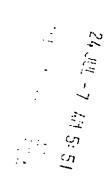
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(110	1010337	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
·	•	•
(D-		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Cities Officer	
Special instructions to	Plling Officer.	





400434339584

08/07/24--01034--008 \*\*25.08



### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

QUICK FI SUBJECT:	TNESS REPAIRS LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Jose Nava		
		Name of Person	
	QUICK FITNESS REPAI	RS LLC	
	<del></del> •	Firm/Company	
	18145 NW 61ST AVE		
		Address	
	ШАЕБАН, FL 33015		
	<del> </del>	City/State and Zip Code	<del></del>
	main@quickfitnessrepairs.c		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Jose Nava		954 884-0437	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

## The state of the s

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUICK FITNESS REPAIRS LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document number $\frac{-1.20000107260}{}$ .	iled on 04/20/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Complete new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	pany," the designation "LLC" or the abbreviation "L.L.C"
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	- (= - 2 - 5
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new register
agent and/or the new registered office address here:	් දුරු මුදු
Name of New Registered Agent:	:- :-
New Registered Office Address:	Enter Florida 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.

City

If amonding 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>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			☐ Change
		· .	□Add
			□Remove
			□Change
			□Remove
			□Change

	Our correct EIN is 85-0831919, please update our page to reflect our correct EIN.
	The Correct Fire is 8.5905 (77). Picase update our page to reflect our correct Fire.
ffec	tive date, if other than the date of filing: (ontional)
`an e	etive date, if other than the date of filing: (optional) (optional)  flective 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 (optional)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as timent's effective date on the Department of State's records.
CIC U	
ניוכ נו	
	ord 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
rece	ord 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 lifted.
rece d is .	līled.
reco d is .	filed.
reco d is .	filed.
rece d is .	līled.