L20000118120

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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D. BRUCE OCT 0 6 2020

COVER LETTER

TO: Registration Sec Division of Corp			`		
subject: <u>FYCN</u>	C ACTIVEWOUR Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Petrice	Delance Name of Person			
		Firm/Company			
	1236 Itigh	Niew Zd Address			
	lule w	Orth FL 33442 City/State and Zip Code			
	•	YOU 6 amail Co		2020 AUI Seckl	~17
For further information col	ncerning this matter, please ca	dl:		6 20 AllA	
PETNICO DE	Person	at (<u>SQL)</u> <u>563 - C</u> Area Code Daytime	7438 Telephone Number	2020 AUG 20 PK I: III	- 3 - 3
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)	Certified C	of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FYDIC ACTIVEW	ear cc	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000118120</u>		2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		F 1 1 2020 AUG 20 SEDRELIA:
(Mailing address MAY BE A POST OFFICE BOX)		77 3 5
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our i ress here:	ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et 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>	Address	Type of Action
AMBR	Steeve Belizaire	1240 NW 5th St	Add
		Boynton Beach FL 3	3435 🗆 Remove
			Change
			Remove
			2020 Brus 20 PH Love 44 Refer to 12 PH Love 44 PH LOVE 14 PH LOVE
			Remove
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:	Pursuant will not b	to 605.0207 be listed as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on the (earlier of:
Dated	August 16 2020.		
Dated	7		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00