

L20 000 170319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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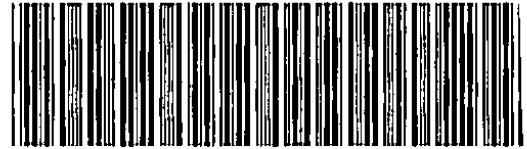
(Business Entity Name)

(Document Number)

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TO: **Registration Section**
Division of Corporations

SUBJECT: Custom Fit Meetings 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:

Laura Betty Cagan

Name of Person

Custom Fit Meetings LLC

Firm/Company

130 Corridor Road

Address

Ponte Vedra beach/FL 32004

City/State and Zip Code

laura@customfitmeetings.com

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

For further information concerning this matter, please call:

Laura Cagan

904

742-9190

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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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

CUSTOM FIT MEETINGS 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 June 18, 2020 and assigned
Florida document number L20000170319.

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)

130 Corridor Road

Ponte Vedra Beach, FL 32004

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 3035

Ponte Vedra Beach, FL 32004

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:

LAURA B CAGAN

New Registered Office Address:

1800 THE GREENS WAY, APT 1407

Enter Florida street address

JACKSONVILLE BEACH

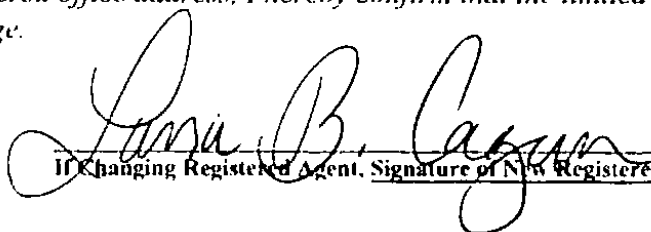
Florida 32250

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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	LAURA B CAGAN	1800 THE GREENS WAY, APT 1407 JACKSONVILLE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAURA B KOWALSKI		<input type="checkbox"/> Add
		185 SOLANO CAY CIRCLE, PONTE VEDRA BEAC	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE REMOVE ANY 185 SOLANO CAY CIRCLE ADDRESS, AND THE NAME LAURA KOWALSKI
THROUGH A DIVORCE, 4-8-22, MY NAME, AND ADDRESS HAVE CHANGED. MY PASSPORT, SOCIAL
SECURITY, AND DRIVERS LISCENSE ARE ALL LAURA CAGAN

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SECRET
TALLAHASSEE

E. Effective date, if other than the date of filing: 11/22/2022 **(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 NOVEMBER 22, 2022

LAURA B CAGAN

Signature of a member or authorized representative of a member

LAURA B CAGAN

Typed or printed name of signee