## 120000190794

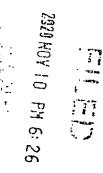
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	······································
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DEC 1 6 2020 S. YOUNG

## **COVER LETTER**

	stration Se sion of Cor			
	BlessedFitC	Couple LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	endence concerning this matter	to the following:	
		Annie Johnson		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		FirstPurpose		
			Firm/Company	<del></del>
		462 E 800 N		
			Address	
		Orem, UT 84097		
		ajohnson@firstpurpose.con	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report n	otification)
For further inf	formation c	oncerning this matter, please c	all:	
Annie Johnso	n		801 221-2939	
	Name o	f Person	at () Area Code Dayt	time Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■</b> \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Divi	ing Addres istration S ision of C Box 632	Section orporations	Street Address: Registration S Division of C The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3325

BLESSEDFITCOUPLE LLC		100
(Name of the Limited I (A)	iability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L20000190794		and assigned 2
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	e:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florid	
·	City	Ziv 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 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>	Type of Action
President	George Naldjieff	15616 SW 127th Ave #307	<b>\equiv Add</b>
		Miami, FL 33177	Remove
		<del></del>	□Change
VP Benji Lazzeretti	Benji Lazzeretti	15616 SW 127th Ave #307	■Add
		Miami, FL 33177	□Remove
			□ Change
AP George Naldjieff	15616 SW 127th Ave #307	□Add	
		Miami, FL 33177	Remove
		□ Change	
MGR Benji Lazzeretti	15616 SW 127th Ave #307		
		Miami, FL 33177	Remove
			□ Change
		□Add	
		□Remove	
		Change	
		<del></del>	□Remove
			□Change

<u></u>		
	•	
<del></del>		<del></del>
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ective date, if other than the	date of filing:  be specific and cannot be prior to date of filing or more	(optional)
te: If the date inserted in this blo	ck does not meet the applicable statutory filing	requirements, this date will not be listed as t
ument's effective date on the De	partment of State's records.	
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after the
ed November 4  George nald	2020	
ea	· · · · · · · · · · · · · · · · · · ·	
George nald	reff	
<u>// / / / / / / / / / / / / / / / / / /</u>	Signature of a member or authorized representative of	fa member

Filing Fee: \$25.00