

L20000207878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

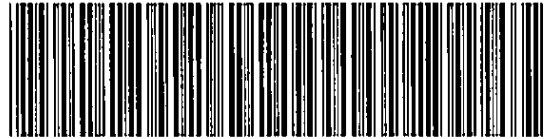
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fitnominal Change, 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:

Shantell Mitchell

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2423 SW 147th Ave #761

\_\_\_\_\_  
Address

Miami FL 33185

\_\_\_\_\_  
City/State and Zip Code

shantellmia@aol.com

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

For further information concerning this matter, please call:

Shantell Mitchell                      786              470-0729  
\_\_\_\_\_  
Name of Person                      at (              )                      \_\_\_\_\_  
Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Fitnominal Change, LLC

20230717-2 11:10:24

(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 July 17, 2020 and assigned  
Florida document number L20000207878.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

2423 SW 147th Ave #761

**(Principal office address MUST BE A STREET ADDRESS)**

Miami FL 33185

**Enter new mailing address, if applicable:**

2423 SW 147th Ave #761

**(Mailing address MAY BE A POST OFFICE BOX)**

Miami FL 33185

**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

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>	<u>Address</u>	2020-01-10 10:24	<u>Type of Action</u>
AP	Sherry B. Rivers	441 N. Lake Shenandoah Loop	<input type="checkbox"/> Add	
		Inverness FL, 34453	<input type="checkbox"/> Remove	
		AMBR	<input checked="" type="checkbox"/> Change	
MGR	Shantell Mitchell	2423 SW 147th Ave	<input checked="" type="checkbox"/> Add	
		Miami FL, 33185	<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	
			<input type="checkbox"/> Add	
			<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	
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			<input type="checkbox"/> Change	
			<input type="checkbox"/> Add	
			<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	

1300 - 2 AM 10:24

(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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Sept. 28 2020

SHANTELL MITCHELL

Typed or printed name of signee