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## **COVER LETTER**

TO: Registration Secti Division of Corpo	rations		1
SUBJECT: The	Name of Lim	FITNCS Englished Liability Company	terprise, LLC
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Jor	nathan Brog	KS
			Enterprise, LLC
	1303	S. Monroe	54.
	Tallahas  Jnatl	SCC, FL 32 City/State and Zip Code  140 191 @ g Mal  to be used for future annual report not	301 1.com
For further information cond			
Son Name of Pe	than Brock	S at (850) 30 Area Code Daytin	HG - 79 0Z  ne Telephone Number
Enclosed is a check for the I	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

	tithess Enterprise, LL
( <u>Name of the Limited Liability Co</u> (A Florida Limit	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comparies of Organization for this Limited Liability Comparies of the limited In the following:  A. If amending name, enter the new name of the limited I	
The new name must be distinguishable and contain the words "Limited L	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)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy Zıp 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	Jonathan Brocks	1303 S. Monroc St Tallahassec FL, 3230	Add O
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			Change

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If an cf Note:	ive date, if other than the date of filing:
e reco rd is f	rd 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 fled.
Dated	2/24/2021.
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member