# K210000 77665

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Jessi (A DUT F Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u>Francisca</u> J	. de la Turra Name of Person	
	_ Jessica DI	T Fitness LLC Firm/Company	
	11163 NW 7	Address Apt 101	<u>-</u>
		City/State and Zip Code	
	<u>Jessicadel</u> E-mail address: (i	A TOYTY. CP+ Q at to be used for future annual report notion	fication)
For further information of	concerning this matter, please ca	all:	
Francisca Name o	de la Torre of Person	at ( <u>すなん) Q1039</u> Area Code Daytim	9 6 e Telephone Number
Enclosed is a check for t	he 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)

TÒ:

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

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mpany as it now appears on our records.) ted Liability Company)	
any were filed on 2/15/21	and assigned
iability company here:	
iability Company," the designation "LLC" or	the abbreviation "L.L.C."
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	6:02
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ce address on our records, enter the	name of the new registered
Enter Florida street address	
, Florid	fa
City	Zip Code
	iability company here:  iability Company," the designation "LLC" or  iability Company, the designation "LLC" or  iability Company, the designation "LLC" or  iability Company, the designation "LLC" or  iability Company here:  Inter Florida street address  Florida street address  Florida

### 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:	<b>6</b> 17	,	
MGR = Manager AMBR = Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change

MC	ant of ouner is enanged from	
Fr	ancisca cavalpante, Now to	
EX	cancisca J. de la torre	
<u>C</u> d	lue to marriage)	
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	<del></del>	
effective e: If th	date, if other than the date of filing:	
ord spe filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
:d	June 200 , 2021.  Signature of a member or authorized representative of a member	
	Senature of a member or authorized representative of a member	
	Francisca de la Toyre Typed or printed name of signee	