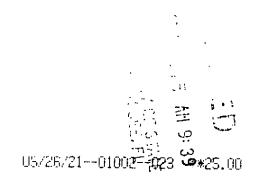
# 121000209846

(Re	equestor's Name)	
(Äd	(dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200366817552



1505 J. C. 1514

## **CORPORATE**

When you need ACCESS to the world

1	1	·	V	E'	J	L
		T	ЬT.	$\sim$		

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### TATAL TE TAT

	CERTIFIED COPY	
	РНОТОСОРУ	- <u>-</u>
	CUS	
	FILING	LLC Amend
_(C	FITFAL FUN LL CORPORATE NAME AND DOCUMENT	#)
(C	CORPORATE NAME AND DOCUMENT #	#)
(C	CORPORATE NAME AND DOCUMENT #	#)
(C	CORPORATE NAME AND DOCUMENT #	#)
(C	CORPORATE NAME AND DOCUMENT #	#) ·
(C	ORPORATE NAME AND DOCUMENT #	#)

#### **COVER LETTER**

то:	Registration S Division of Co			
SUBJE	CT.	FitFab.Fun LL	С	
3000			nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Carrolyn Streete	Wolfe
			Name of Person	
			Firm/Company	
		<del></del>		
			Address	
			City/State and Zip Code	<del></del>
			·	
			to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please c	all:	
			at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### FitFab.Fun LLC

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our re oany)	cords.)	<del></del> -
The Articles of Organization for this Limited Liability Company were filed of	on5/5/20	21	_ and assigned
Florida document number <u>L21000209846</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	ny here:		
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "	LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			·- ·
Mailing address MAY BE A POST OFFICE BOX)			
		٠	
<del></del>		<u> </u>	ပွဲ၊
3. If amending the registered agent and/or registered office address	s on our reco	ords, <u>enter th</u>	e name of the r
egistered agent and/or the new registered office address here:		Elen Elen	<b>₹ □</b>
Name of New Registered Agent:		1	9: 3 <b>9</b>
•			
New Registered Office Address:			
<del></del>	er Florida street ad	1.1	

#### 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.

City

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 Title Name Address Type of Action AP Amelia Forrest 1336 Madison chase apt1 west palm beach, fl 33411 \_\_\_\_\_\_**LX** Remove \_\_\_\_\_ Change Carrolyn Streete wolfe 1336 Madison chase apt1, west palm beach, fl 34411 AP \_□ Remove ☐ Change □ Add \_\_\_\_\_ Change ☐ Remove \_\_\_\_\_ Change \_\_\_\_\_ Change \_\_\_\_ Remove

•	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
_	
-	
Effective of	late, if other than the date of filing:
<u> </u>	e 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 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
the record ) The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	MAY 25. 02021.
	Signature of a member or authorized representative of a member
	Carrolyn streete Wolfe
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00