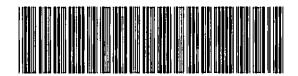
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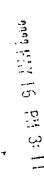
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: FUZZY BU	JNNY LLC		
3003ECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		_	
riease return all correspo	ndence concerning this matter	to the tollowing.	
	JEREMIAH NORTON		
		Name of Person	
	FUZZY BUNNY LLC		_ _
		Firm/Company	
	12001 ABESS BLVD #82	 	<u></u>
		Address	
	JACKSONVILLE, FL 322		
	JEREMIAH.C.NORTON@	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
JEREMIAH NORTON		at (619) 804-7714	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUZZY BUNNY LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on o mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con	npany were filed on JUNE 0.	2, 2021 and assigne
lorida document number L21000257003		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
FUZZY BUNNY FIT LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12001 ABESS BLVE) #8210
Principal office address MUST BE A STREET ADDRES	SS) JACKSONVILLE, F	1. 32225
		<u></u>
		70
Inter new mailing address, if applicable:	12001 ABESS BLVD) #8210 다.
Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE. F	L 32225 ==
3. If amending the registered agent and/or registered o gent and/or the new registered office address here:	office address on our record	is, enter the name of the new re
Name of New Registered Agent: JEREMI.	ATTIONTON	<u> </u>
New Registered Office Address: 12001 A	BESS BLVD #8210	
	Enter Florida sti	reet address
JACKSO	ONVILLE	, Florida <u>32225</u>
	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>	Address	Type of Action
AMBR	JAMES ZAPALA	27 MOUNT VERNON STREET	
		NEWPORT, RI 02840	≣Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
			☐ Remove
			☐ ☐ Change
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			□Remove
			□ Change

			 -
			<u> </u>
			<u>.</u>
			
			\3
			
ective date, if other than the date of filing: $\frac{N/A}{A}$	\	(optie	nal)
effective date is listed, the date must be specific and cannot	t be prior to date of filing	or more than 90 days after t	iling.) Pursuant to 605.02
e: If the date inserted in this block does not meet th ument's effective date on the Department of State's		filing requirements, this	date will not be listed a
ment serieure dute on the Department of Saide s	1000143.		
cord specifies a delayed effective date, but not an eff	Sation time at 12:01 c	on on the parliar of (b)	The 90th day after th
s filed.	ective time, at 12.01 a	i.m. on the earner or. (o)	The your day arter in
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<i>M)</i>			
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