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21 AUG -2 PH 3: 47

## **COVER LETTER**

TO:

Registration Section

Divis	ion of Corp	porations		
	FAMYou Fl	IT LLC		•
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		XAVIER BRYANT		
			Name of Person	
		FAMYOU FIT LLC		
			Firm/Company	<del></del>
		3246 N. MIAMI AVE STE	E A- 370480	
			Address	
		MIAMI FL 33127		
			City/State and Zip Code	
		PROJECTFAMYOUFIT@		
		E-mail address: (	to be used for future annual report not	ification)
For further in:	formation co	oncerning this matter, please ca	all:	
XAVIER BR	YANT		954 376-1334 at ()	
	Name of	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
≅ \$25.00 Fi	iling 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)
	ling Addres		Street Address: Registration So	ection
Division of Corporations			Division of Co	rporations
	. Box 632		The Centre of	
Tall	ahassee, I	FL 32314	2415 N. Monre	oc Street, Suite 810

Tallahassee, FL 32303

## \_ ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION AND THE PROPERTY OF OF

FAMYOU FIT LLC

21 AUG -2 PH 3: 47

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Lightlity Company	owers filed on JULY 1, 2021	and assigned
	were med on	and assigned
Christ amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  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:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  2246 N. MIAMI AVE  STE A-370480  MIAMI, FL. 33127  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  MIAMI, FL. 33127		
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registeragent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
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• • •	STE A-370480	
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s amendment is submitted to amend the following:  If amending name, enter the new name of the limited lianew name must be distinguishable and contain the words "Limited Lianer new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS)  Her new mailing address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  Her new mailing address, if applicable:  Incipal address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address here:  Name of New Registered Agent:		
	3246 N. MIAMI AVE	
Mailing address MAY BE A POST OFFICE BOX)	STE A-370480	
Tuning dualess WAT BE A 1031 OF FICE DOA	MIAMI, FL. 33127	
gent and/or the new registered office address here:	address on our records, enter the na	me of the new registe
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

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		Address 21 AUG -2 PM 3: 47 Type of	
<u>Title</u>	<u>Name</u>	Address 21 AUG -2 PM 3: 47	Type of Action
MGR	DR. YVETTE HOLMES	3246 N. MIAMI AVE	□ Add
		STE A-370480	□Remove
		MIAMI, FL. 33127	
MGR	XAVIER BRYANT	9330 NW 8TH CIR	□Add
		PLANTATION, FL. 33324	□Remove
			<b>≡</b> Change
MGR	CEIFFAWN WETHERSPOON	2541 NW 31ST CT	□Add
		OAKLAND PARK, FL. 33309	\frac{1}{2} Remove
			Change
		**	□ Add
		<del>.</del>	□Remove
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