

121 000 302 999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

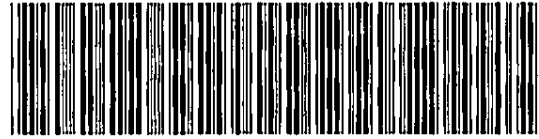
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21 AUG -2 PM 3:47

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: FAMYou FIT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

XAVIER BRYANT

Name of Person

FAMYOU FIT LLC

Firm/Company

3246 N. MIAMI AVE STE A- 370480

Address

MIAMI FL 33127

City/State and Zip Code

PROJECTFAMYOUFIT@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XAVIER BRYANT

954 376-1334  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

21 AUG -2 PM 3:47

21 AUG -2 PM 3:47

21 AUG -2 PM 3:47

**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

21 AUG -2 PM 3:47

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DR. YVETTE HOLMES	3246 N. MIAMI AVE	<input type="checkbox"/> Add
		STE A-370480	<input type="checkbox"/> Remove
		MIAMI, FL. 33127	<input checked="" type="checkbox"/> Change
MGR	XAVIER BRYANT	9330 NW 8TH CIR	<input type="checkbox"/> Add
		PLANTATION, FL. 33324	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CEIFFAWN WETHERSPOON	2541 NW 31ST CT	<input type="checkbox"/> Add
		OAKLAND PARK, FL. 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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JULY 21 2021

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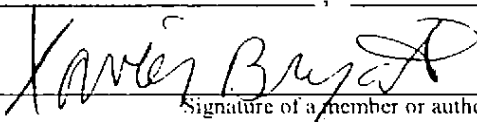
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 13TH, 2021



Signature of a member or authorized representative of a member

XAVIER BRYANT

Typed or printed name of signer