LZ1000430253

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(Address)
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A. BUTLER
JAN 2 0 2022

COVER LETTER

Division of Co	rporations		
The Fit Ba SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
		-	
Please return all corresp	ondence concerning this matter t	to the following:	
	Mark Horton		
		Name of Person	
	The Fit Bar LLC		
		Firm/Company	
	6616 Winding Oak Dr		
	······································	Address	
	Tampa FL 33625		
		City/State and Zip Code	· ·
	lorenaosomo@ymail.com		
	E-mail address: (t	o be used for future annual report notifica	ition)
For further information	concerning this matter, please ca	dl:	
Mark Horton		813 4758916 at ()	
Name of Person		Area Code Daytime T	elephone Number
Enclosed is a check for t	the 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)

TO:

Registration Section

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**

		1.22 J. M. J. Mar. 12 1
The Fit Bar LLC		
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records ity Company)	<u>0</u>
The Articles of Organization for this Limited Liability Company were	filed on 10/01/2021	and assigned
Florida document number L21000430253		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LEC"	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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ess on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida

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
MGR	Mark Horton	6616 Winding Oak Dr Tampa FL 33625	
			🗀 Remove
			□Change
MGR	Lorena Osomo	6616 Winding Oak Dr Tampa FL 33625	
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			⊡Remove
			□Change
			□Add
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			C. C.

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in effective data	as listed, the date	e must be specific i us block does no	and cannot be price	or to date of filing o	r more than 90 day	es after filing i Pui	suant to 605 020
cument's effi	etive date on th	he Department o	f State's record	».	mig reguliemen	es, tills date will	nor of using as
ecord specific	is a delayed off	ective date, but n	not an effective	time, at 12:01 a	m, on the earlier	of: (b) The 9	th day after the
is filed							,
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ned []'!	<u>(† 1944 († </u>	Signature of	a member or set	horized representa	his of a negotiar	· ——- —-	·