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2022 JAN 31 PM 6:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

FEB 09 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CAOS FITT 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:

WENDY LAMOTTE

\_\_\_\_\_  
Name of Person

CAOS FITT LLC

\_\_\_\_\_  
Firm/Company

4986 60TH AVE. CIRCLE EAST

\_\_\_\_\_  
Address

ELLENTON FL 34222

\_\_\_\_\_  
City/State and Zip Code

INFO@CAOSFITL.COM

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

For further information concerning this matter, please call:

WENDY LAMOTTE

862 233-7200  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

**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**

**FILED**

2022 JAN 31 PM 7:00

CAOS FITT LLC

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

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10 11 2021 and assigned  
Florida document number L2100044348.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

100 S. Ashley Drive Suite 600

**(Principal office address MUST BE A STREET ADDRESS)**

Tampa FL, 33602

**Enter new mailing address, if applicable:**

100 S. Ashley Drive Suite 600

**(Mailing address MAY BE A POST OFFICE BOX)**

Tampa FL, 33602

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

100 S. Ashley Drive Suite 600

*Enter Florida street address*

Tampa

*City*

Florida 33602

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

(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)

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 January 25th 2022

Wendy Lamm  
Signature of a member or authorized representative

Wendy Lamotte

Typed or printed name of signee