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(Req	uestor's Name)	
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(City	/State/Zip/Phon	e #)
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(Doc	ument Number)	
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T. MATTHEWS FEB - 2 2022

. COVER LETTER

TO: Registration Se Division of Cor			
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SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Deva Cicale Name of Person	
		Fit Realty Firm/Company	
	2623 NE	10th Street	
	4400		±1.33009
		City/State and Zip Code Nacicale @ yahoo	10 5/00
	E-mail address: (vacicale @ yahoo	tification)
For further information c	oncerning this matter, please c	all:	
Name o	a Cicale	at (305) Area Code Daytii	345 - 1353 me Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fit Reals	Ly 22 2111 27 PH 4: 44
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number 87-4188401	were filed on January 1, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida __

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 Deva Cicale	2623 NE 10 St. Hallandale Beach	te MAdd	
			□Kemove
			□ □ Change
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	.ading any other information. Citer change(s) nere. (Anach dialidonal sneeds, q necessary.)
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	212. If other than the date of filing: (optional)
Note:	ective 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 (I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used a ent's effective date on the Department of State's records.
he recor	d 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 ed.
	January 24 2022
	(d) d)e
	Deva Cicale
	Typed or printed name of signee