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T. MATTHEWS

FEB - 4 2022

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MICH Fit	Name of Limited Lia	ibility Company		
The enclosed Articles of Amendment and	ee(s) are submitted	for filing.		
Please return all correspondence concerning	g this matter to the	following:		
Amber	Richo	(dSCO) Name of Person		
	NFH L	Firm/Company		
4215 L	ave Mari	Blud #10	271	
_ Lax-	> Mary	FL 3274 State and Zip Code	16	,
_Rich	-fittic @	ed for future annual repo	ort notification)	
For further information concerning this ma	iter, please call:			
Amber Richardson Name of Person	.	at (<u>UO</u>)	1601 – SSI Daytime Telephone I	49 Number
Enclosed is a check for the following amou	nt:			
\$25.00 Filing Fee S30.00 Filing Certificate		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address:		Street Addr	ess:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Rich Fit LLC	22 JT 10 1112: 35
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on Many 5, 2022 and assigned
Florida document number <u>L225000)2(ddo</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I	iability company here:
NIA	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4215 Lake Mary Blud. # 1071
(Principal office address MUST BE A STREET ADDRESS)	Love Mary, F1 32746
Enter new mailing address, if applicable:	4215 Laxe Many Blud. # 1071
(Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, F1 32746
	
B. If amending the registered agent and/or registered offic	ce 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:	NIA
Name of New Registered Agent.	
New Registered Office Address: 425	Enter Florida street address
LOXE	Florida 32746 Zip Code
N D C A A A C C A A C Take only Design and A a	

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 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
MGC	Amber Ronardon	4215 Lare Many Bld	□Add
		#1071 Lare Mary FL	□Remove
		United States 32746	X Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · ·	□Change
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			Remove
			Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective Note: If the	date, if other than the date of filing:
the record sp cord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Amber Rohardson Typed or printed name of signee