122000014395

Office Use Only



400380485554

01/31/22--01013--002 **25.00

FTLED

2022 JAN 31 PH 2: 2

SECRETARY OF SEC

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: FITE (Utting Services LLC / Same 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:	
Shannon Czamota + Steph	<u>en</u> (Zamota
Firm/Company	
16 Vermont Ave	
Rock ledge FL 32955 City/State and Zip Code	
Steve (Zarnota @ gnail.com E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Shannon CZamota at (800) 878-5846 Name of Person Area Code Daytime Telephone No	ımber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy (Certified Copy (senciosed) Certified Copy (sencio	00 Filing Fee, dificate of Status & dified Copy ditional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 JAN 31 PM 2: 21 imited Liability Company as it now appears on our records CRE LARY
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 0.1/14/22 and assigned Florida document number L 220000 14385 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: Enter Florida street address ___, Florida ____ 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
AMBR	Stephen (zamota	16 Vermont Ave Ruckledge, FL	ī V Add
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			
			🗀 Remove
			□Change
			□Add
			□Remove
			Change
4			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				.
				.
		,		
<u> </u>				
				-
				
				
				
-				

			· · · · · · · · · · · · · · · · · · ·	
octive date if oth	ner than the date of filin	a.	lan	tional)
reffective date is liste te: If the date inse	ed, the date must be specific and	d cannot be prior to date o meet the applicable sta	f filing or more than 90 days aff tutory filing requirements, th	er filing.) Pursuant to 605,0 <mark>2</mark> 07
cord specifies a de s filed.	layed effective date, but no	t an effective time, at 1	2:01 a.m. on the earlier of:	(b) The 90th day after the
ed	D+ 1		<i>t</i>	
	Signifure of a	U Hann member or authorized re	olo presentative of a member	