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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 Fax Number : (305)675-8465

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FITGLOW GROUP LLC.

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Help MAY 23 2024

#### From: Aimet Arenas

## **COVER LETTER**

	tegistration Se division of Cor		;	
	FITGLOW			
SUBJECT	ı:	Name of Lim	ited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		YULEMIS MARGARITA CAICEDO GUTIERREZ DE PINERES		
			Name of Person	······································
		FITGLOW GROUP LLC		
	Firm/Company			
		102 NW 52ND TERR		
		· · · · · · · · · · · · · · · · · · ·	Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		AIMET@EXPRESSTAXS		· · · · · · · · · · · · · · · · · · ·
Cor fortha	e information a	oncerning this matter, please of	to be used for future annual report noti	meanusif
		•		
YLEMIS		. CAICEDO GUTIERREZ DE	at ( _ )	
	Name a	l'Person	Area Code Daytim	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
<b>■</b> \$25.04	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	TailingAddres		<u>StreetAddress:</u> Registration Se	etian
	legistration S Division of C		Division of Co	
	O. Boy 632		The Centre of 1	Callabassee

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FITGLOW GROUP LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	ony as it now appears on our rec Liability Company)	ords.)	<del></del>
The Articles of Organization for this Limited L. Florida document number L22000050803	a	_ and assigned		
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name $\epsilon$	of the limited liah	ility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "I	LC" or the abbrevia	ion "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		18640 BOBOLINK DR		
		HIALEAH, FL 33015		
Enter new mailing address, if applicable:		18640 BOBOLINK DR		45 °
(Mailing address MAY BE A POST OFFICE BOX)		HIALEAH, FL 33015	<b>(</b> )	The state of the s
	- سم و			<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre	•	address on our records, <u>en</u>	ter the name of t	enemew registered
Name of New Registered Agent:	INFINITY LIF	E SOLUTIONS LLC	71.79	<u> </u>
New Registered Office Address:	8300 NW 53R.	D ST SUITE 350  Enter Florida street ade	-1	<u>©</u>
	DORAL		Florida 33166	

#### 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

Yulewis M. Caicedo
If Changing Registered Agent, Signature of New Registered Agent

Zip Code

□ 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>	Name	Address	Type of Action
AMBR	YULEMIS M.CAICEDO	10204 NW 52ND TERR	□Add
		DORAL, FL 33178	■Remove
			☐Change
AMBR	INFINITY LIFE SOLUTIONS LLC	8300 NW 53RD ST SUITE 350	<b>≣</b> Add
		DORAL, FL 33166	
			Change
			□Add
			DRemove
			□Change
<del></del>			
	· · · · · · · · · · · · · · · · · · ·		□Remove
•	•		□Change
			□Add
			□Remove
			Change
<del></del> .			□Add
	•	<del></del>	□Remove

ix. If amending any other union in	ation, enter change(s) here: (Attach)	udantonal sneets, ij necessary.)
(If an effective date is listed, the date me	block does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3)( ry filing requirements, this date will not be listed as the
f the record specifies a delayed effect record is filed.	ve date, but not an effective time, at 12:0	I a m, on the earlier of: (b) The 90th day after the
Dated MAY 22	2024	
	Yulomis M. Caic Signature of a member or authorized represent	200
VIR PLACE A COM	signature of a metaloci of aumorized represe	emaare of a memoer
YULEMIS M. CAICE	Typed or printed name of si	gnee

2024-05-22 22:14:55 GMT

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From: Aimet Arenes

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To: