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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Marisol Fi	ı, LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Karen S Micklitsch		
		Name of Person	
	Marisol Fit, LLC		
		Firm/Company	
	1430 45th Avenue NE		
	<u></u>	Address	
	St. Petersburg, FL 33703		
		City/State and Zip Code	
	karen@nuuluxx.com		
	E-mail address: (t	o be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ll:	
Karen S Micklitsch		at (727 ) 2546050	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		u°
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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 Tallahagana EL 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street Suite 910

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marisol Fit, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)	2)
The Articles of Organization for this Limited Liability Co.	mpany were filed on 04/28/2022	and assigned
Florida document number L22000203285	<u>.</u> .	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Nuuluxx, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. ~2
Principal office address MUST BE A STREET ADDRE	ESS)	023 T
		Service in the servic
Enter new mailing address, if applicable:		Francis 🔼 🚐
Mailing address MAY BE A POST OFFICE BOX)		
		56
3. If amending the registered agent and/or registered or and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registo
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	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 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
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			□Change
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			□Remove

Effective date, if other than the date of filing: 02/06/2023 (optional)  (If an effective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605-0207  Note: If the date inserted in this block does not meet the applicable statutory (filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 cord is filed.  Dated February 6 2023  Adama Signature of a nichther or authorized representative of a member	<u></u>	
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Signature of a member or authorized representative of a member	Dated February	
( Signature of a injerioer or authorized representative of a member		Moren J. Micklitich
		( Signature of a injernoer of authorized representative of a member
		Typed or printed name of signee

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