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SECRETARY OF SIX



## **COVER LETTER**

Division of Co	rporations		
Luz Karay SUBJECT:			
		mited Liability Company	
The enclosed Articles of	Amendment and fcc(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
	Luis Zaragoza		
		Name of Person	<del></del>
		Firm/Company	
	14454 Orchard Hills Blvd	•	
	<del> =</del>	Address	<del></del>
	Winter Garden, FL 34787		
		City/State and Zip Code	<del></del>
	lgzpr69@gmail.com		
	E-mail address: (	to be used for future annual report notifi-	cation)
For further information c	oncerning this matter, please c	all:	
Luis Zaragoza		719 930-7563	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Street Address: 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

Luz Karaya LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	inv were filed on $04/29/20$	22 and assigned
Florida document number L22000204104	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Fit Froggie LLC		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. 16		la untun tha nama af tha naw nagistanad
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Negatorea Office Naturess.	Enter Florida str	ect address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office	rte performance of my des provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
company has been notified in writing of this change.	and the Property Con	(m. m. m

If Changing Registered Agent, Signature of New Registered Agent

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
<del></del>			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			□Add
		<del></del>	□Remove
			☐ Change
			□Add
			Remove
			□Change
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			☐ Change
			□Add
			□Remove
			□ Change

or majority ow	ner of the new name Fit Froggie LLC.
,	
<del>-</del>	
<del></del>	
ective date, if otl	ner than the date of filing: (optional)
effective date is listence te: If the date inse	ed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (arted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ument's effective	date on the Department of State's records.
cord specifies a de s filed,	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 2	2022
<del></del>	CAV.
	Signature of a member or authorized representative of a member
Luis Zarag	oza
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Filing Fee: \$25.00