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(Requestor's Name)
	Address)
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COVER LETTER

Division of Co				
Brassfit LI SUBJECT:				
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Lines Alvarez			
		Name of Person		
	Brassfit LLC			
		Firm/Company		
	6870 West 7 Avenue Apt	6B		
		Address	 _	
	Hialeah FL 33014			22
	brassfit22@gmail.com	City/State and Zip Code		22 001 17 PH 9: 26
		to be used for future annual report notific	ration)	7 F
For further information of	concerning this matter, please c	all:		PH 9:
Lines Alvarez		305 987-9993		: 26
Name (of Person	at () Area Code Daytime '	l'elephone Number	
Enclosed is a check for t	he 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 Sta Certified Copy (additional copy is e	atus &
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sect	ion	
Division of C	Corporations	Division of Corpe	orations	
P.O. Box 63:	27	The Centre of Ta	Hahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brassfit LLC			
(<u>Name of the Limited</u>) (A	Jability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 05	/20/2022	and assigned
lorida document number 88-2602619	·		
his amendment is submitted to amend the followi	ng:		
If amending name, enter the new name of th	e limited liability company ho	ere:	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the d	esignation "L1.C" or the abbrevi	ation "L.L.C."
nter new principal offices address, if applicabl	e:		
Principal office address MUST BE A STREET A	(DDRESS)		22
			30
			- (-, ;
nter new mailing address, if applicable:			~ 0.55 ~ 100 €
Aailing address MAY BE A POST OFFICE BO			<u> </u>
naming maniess MAT BLATOST OF FIEL BO			<u> </u>
		N .	
 If amending the registered agent and/or registered office address h 		ecords, <u>enter the name of</u>	the new registe
Name of New Registered Agent:	Lines Alvarez		
New Registered Office Address:			
-	Enter Flor	rida street address	
		. Florida	
-	City		ip 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Evelyn Ornelas	549 SW 3 RD ST	□Add
		HOMESTEAD FL 33034	■Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□
			□ Pal
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

Lines Alvarez owns100% of the shares of Brassfit LLC	
	. , ,
	22
	DC 7
	7
	9: 27
	· · · ·
tive date, if other than the date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.
If the date inserted in this block does not meet the applicable sta	
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at filed.	12:01 a.m. on the earlier of: (b) The 90th day after
October 11 2022	
II) VI	
Signature of a member or authorized re	epresentative of a member

Filing Fee: \$25.00