## L230000 205 45

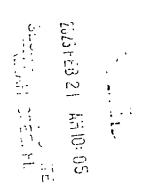
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp.	oi ations		
SUBJECT:	Name of Limit	LL C ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	JOSE BUSSOLO	Name of Person	
	Bussolott, Fi		
	210 NW 87+h	Ave, Apt L202 Address	·
	Miami - FL	33 172 City/State and Zip Code	2020 FEB 21 MI 10: 05 SEC. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12
	E-mail address: (1	egmail. com to be used for future annual report notification)	
For further information cor	ncerning this matter, please ca	all:	· · · · · · · · · · · · · · · · · · ·
Jose 2055-		at (786) 4918757  Area Code Davtime Telephon	7 7 7 05
Name of I	Person	Area Code Daytime Telephon	e Number
Enclosed is a check for the	following amount:		
№ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co	ection orporations	Street Address: Registration Section Division of Corporation	
P.O. Box 6327	•	The Centre of Tallahass	CC

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bussolotti Fit LLC	C
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L230000 20545</u>	npany were filed on Fricary 94k 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

100

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>	Name	Address	Type of Action
MGR	Enelyn Martin	210 NW 87th Are, Apt L202	<u>∑</u> ⊠Add
		Miam. FL 33172	□Remove
			□Change
MGR	José Bussolatt:	SOSJ +8A 91 AF E8 WH 015	□Add
		Miami, FL 33172	□Remove
		<del></del>	<b>⊠</b> Change
AMB	the Busblotti	210 NM 87+ Are Apt 120	<u>2</u> <b>1</b> 4Add
		Mami FL 33172	□ Remove □ Ghange
			Add (
			Change
			□Add
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			Change
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			□Change

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