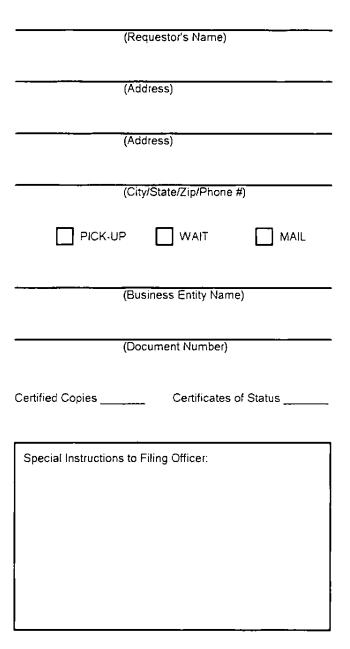
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Office Use Only



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DOLLARY OF STATE
SECRETARY OF SEC

FILED

## **COVER LETTER**

Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shawanna Steplight Name of Person
THE FIT LIFESTYLE, LLC
2014 W. Contral blud apt #1
Orlando, FL 32805 City/State and Zip Code
tight (nup now fit agmail. Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Shavanna Stepught at (407) IA2-87U8  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee. Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

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

(Name of the Limited Liability Co) (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for O	any were filed on <u><b>2-11-20</b></u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited in the new name of the limited in the new name must be distinguishable and contain the words "Limited Limited L	LASS & SELVIC	ES, UC C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<b>2024 I</b>
		5 5 F
Enter new mailing address, if applicable:		% <u>0</u> <b>3</b> M
(Mailing address MAY BE A POST OFFICE BOX)		ESTATE STATE
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	
	, F	lorida 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 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
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Dated		Signature of WANN	f a member or a	authorized repr	sentative of a mo	ember		

Filing Fee: \$25.00