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Special Instructions to a	Filing Officer:	
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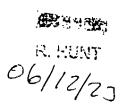
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COVER LETTER

TO:

Registration Section
Division of Corporations

	OUTH FLORIDA LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shawn C. Hauck		
		Name of Person	
	FIT TEK SOUTH FLORII	DA LLC	
		Firm/Company	10 mm
	19609 Colorado Circle		112 PH 7:37
		Address	For H
	Boca Raton, FL 33434		H H
		City/State and Zip Code	
	shawn@titteksouthflorida.c		
	E-mail address: (to be used for future annual report notif	ication)
For further information o	oncerning this matter, please co	all:	
Shawn C. Hauck		561 789-8332	
Name c	of Person	Area Code Daytime	Telephone 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FITTEK SOUTH FLORIDA LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) ty Company)
Γhe Articles of Organization for this Limited Liability Company were	e filed on and assigned
Florida document number L23000203491	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
FIT TEK SOUTH FLORIDA LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
The lyar office awareness and a second	32 p M
	TA 3
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office addr	ess on our records, <u>enter the name of the new regist</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	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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			□Remove
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