

L23000 350819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

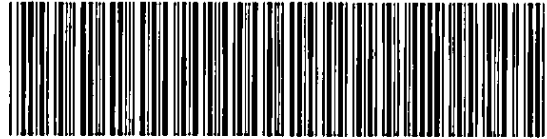
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J. HORNE
MAY 30 2024

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2024 MAY 29 PM 3:51

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2024 MAY 29 AM 8:29

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$25.00 _____

AUTHORIZATION SIGNATURE: 

Medifit Health Systems LLC. L23000350819

BUSINESS (Name) Document #

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___ Mail out ___ Will wait

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___ **Certified Copy**

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NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ CORP
___ LLLP
___ INC

AMMENDMENTS

X Amendment
___ Resignation of Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion

OTHER FILINGS

___ Annual Report
___ Fictitious Name Cancel
___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Limited Partnership
___ Dissolution/_ Reinstatement/Revocation
___ Trademark
___ Other

EXAMINER'S INITIALS: _____

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___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MeditFit Health Systems LLC
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:

Hal Brown
Name of Person
MeditFit Health Systems LLC
Firm/Company
7491 West Oakland Park Blvd 306-1
Address
Lauderhill, FL 33319
City/State and Zip Code
MeditFit08@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hal Brown at (954) 864-1061
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

FILED
2024 MAY 29 PM 9:51
TALLAHASSEE, FLORIDA

Medit Health Systems 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 Company were filed on 7/25/2023 and assigned
Florida document number L23000350819.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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 ADDRESS**)

N/A

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

N/A
Enter Florida street address
City, Florida 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.

N/A
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jarret Perry CPA	900 North Olive Ave	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

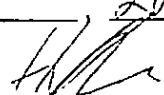
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 28, 2024



Signature of a member or authorized representative of a member

Hal Brown

Typed or printed name of signee

Filing Fee: \$25.00