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## **COVER LETTER**

TO: Registration Se Division of Con		•		
G&G Fit, L	.LC		· · · · · · · · · · · · · · · · · · ·	
30BJEC1	Name of Lim	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:	ر ئ	
	Gonzalo Squella			
		Name of Person		
	G&G Fit, LLC			
		Firm/Company	<del></del>	
	1320 SW 82nd Terrace Apt #426			
		Address	<del></del>	
	Plantation, FL 33324			
	gonzalo_squella@yahoo.co	City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Gonzalo Squella		305 619-3446 at ()_		
Name o	of Person		Telephone Number	
Enclosed is a check for the	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 Status & Certified Copy (additional copy is enclosed	
Mailing Addres		Street Address:		
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P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		. j
G&G Fit, LLC		· ·
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)	<u></u>
(A Florida Limited )	Liability Company)	5:
The Articles of Organization for this Limited Liability Company	were filed on 9/5/2023	and assigned
Florida document number L23000412442		
Fiorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Fatan and a similar of the state of the stat		
Enter new principal offices address, if applicable:	·	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
	<del></del>	<u>.</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning united In 11 BE 11 OST OF THE BOAY		
B. If amending the registered agent and/or registered office a	address on our records, enter the ne	ma of the new negletoned
agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Desirement Amount		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
<del></del>	Enter Florida street address	
	. Florida	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
President	Gonzalo Squella	1320 SW 82nd Terr Apt#426 Plantation, FL 33324	<b>=</b> Add
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f an effective date is listed, the date must be specific and cannot be pri	ior to date of filing or more than 90 days after	filing.) Pursu	ant to 605.02
Note: If the date inserted in this block does not meet the apple document's effective date on the Department of State's record	dis.	date will no	ot be listed
e record specifies a delayed effective date, but not an effective d is filed.	time, at 12:01 a.m. on the earlier of: (b	) The 90th	day after th
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Dated	·		
- Jabrela S	auller		
Signature of a member of au	Anorized representative of a member		
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Filing Fee: \$25.00