## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (813)436-5206 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CUSTOM FIT CONSULTING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Custom Fit Consulting LEC	<u> </u>	<del></del>
(Name of the Limited Liability Company as (A Florida Limited Liability)	if now appears on our records.) ity Company)	
,,,		
The Articles of Organization for this Limited Liability Company were	e filed on 11/01/23	and assigned
		- •
Florida document number L23000497259		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbre	vanion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<del>-</del>		
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
••		
B. If amending the registered agent and/or registered office addr-	ess on our records, enter the name o	f the new registered
agent and/or the new registered office address here:		
No. 28 of the Samuel Value		2
Name of New Registered Agent:		
New Registered Office Address:	•	<u> </u>
	Enter Florida street address  Florida  Cav  act in this canacity. I further agree	<u> </u>
	PL 21	100
	, Florida	173
		<i>,</i> <u></u>
New Registered Agent's Signature, if changing Registered Agent:	: • ·	<u>ж</u>
I hereby accept the appointment as registered agent and agree to		
provisions of all statutes relative to the proper and complete perf	ormance of my duties, and I am fan	iliar with and
accept the obligations of my position as registered agent as provi		
being filed to merely reflect a change in the registered office add	ress. I hereby confirm that the limite	rd Hability
company has been notified in writing of this change.		

12/25/2024 13 16 40 PST -

To: 18506176383

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Fax: 8134365206

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ARCURI, MICHELLE	836 FALLING WATER ROAD	□Add
		WESTON, FL 33326	
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		-· <del></del>	□Add
			□Remove
			(□Change
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			□Add
			□Remove

2/26/2024 13:16: <b>4</b> 0 PST →	To: 18506176383	Page: 4/4	Fax: 8134365206
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15.00		1 8 CV			4	
(If an effective Note: 1	re date, if other than the cuve date is listed, the date mus if the date inserted in this bl nt's effective date on the D	the specific and cannot book does not meet the	be prior to date of file applicable statutor	ng or more than 90 c ry filing requirems	lays after filing.) Pursu	ant to 605,0207 (3) of be listed as the
he record ord is file	specifies a delayed effectively.	e date, but not an effe	etive time, at 12:0	l u.m. on the earli	er of; (b) - The 90th	day after the
Dated D	December 26	. 2024				
	$\frac{\partial}{\partial x} \left( \frac{1}{2} \right) \right) \right) \right)}{1} \right) \right)}{1} \right) \right)} \right)} \right)} \right)} \right)} \right)} \right)} \right)}} \right)}}}} \right) }}}}}}} \right) }}}}}}}}$					
		Signature of a member	or authorized represo	entative of a membe	:	
	Nat Smith					