L14000101869

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

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TO:	Registration Se Division of Cor	ection	· ·			19 NON -1 PH 1: 24
CHBIC		arbelis, LLC dba Okeechobee	Fitness Cent			र द्वीद्धी
SUBJEC	-l:	Name of Lim	nited Liability Company			PH I
The encl	osed Anicles of	Amendment and fee(s) are sub	mitted for filing.			7 %
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Donna Wildes				
		Beasts & Barbells dba Oke	Name of Person eechobee Fitness Cent			
		210 NW 5th Street	Firm/Company			
		Okeechobee Florida 34972	Address			
		ofc247@gmail.com	City/State and Zip Ci	ode		
			to be used for future and	iual report notific	ation)	
		oncerning this matter, please ca	all:			
Donna W			863 at ()	243-4242		
	Name of	Person	Area Code	Daytime *	Telephone Number	
Enclosed	is a check for the	e following amount:				
■ \$25 .0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy is	<i>t</i>	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT **OF**

ARTICLES O	F AMENDMENT
	TO
ARTICLES OF	ORGANIZATION 6
	OF E
	ン
Beasts & Barbells	2
(<u>Nume of the Limited Liability Com</u> (A Florida Limite	F AMENDMENT TO ORGANIZATION OF Ipany as if now appears on our records.) In were filed on 12/12/16 and assigned.
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{12/12/16}{}$ and assigned
lorida document number L14000101869	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited lis	ability company here:
	tomer company nere.
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nton non-nailing address if southerly	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered	office address on our records, enter the name of the ne
egistered agent and/or the new registered office address he	<u>ere</u> :
Name of New Registered Agent:	
Now Devictored Office Address	
New Registered Office Address:	Enter Florida street address
	The state of the s
	, 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Joe Bennett	210 NW 5th Street Okeechobee FL 34974	
			■ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			
			☐ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			🖸 Change
			□ Add
	•		□ Remove
			□ Change

10/28/10
10/28/19 2. Effective date, if other than the date of filing: (optional)
E. Effective date, if other than the date of filing: (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 605.0. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier b) The 90th day after the record is filed.
10/28/19
Dated
. Signature of a member or authorized representative of a member
Donna Wildes

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00