

L15000173204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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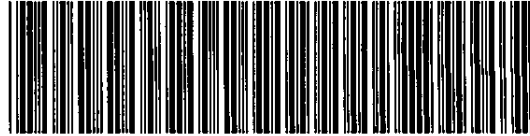
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N. Galtier NOV 17 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Raw unity barbell club  
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:

William Rodriguez  
Name of Person

Firm/Company

3909 Saddle Ridge St.  
Address

Valrico FL 33596  
City/State and Zip Code

Wilrod36@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Rodriguez at ( 863 ) 812-0477  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**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  
TO  
ARTICLES OF ORGANIZATION  
OF

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2015 NOV 16 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Raw Unity Barbell club L.L.C.

(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 10/12/15 and assigned  
Florida document number L15000173204

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3909 Saddle Ridge St.  
Valrico FL 33596

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:

William A. Rodriguez

New Registered Office Address:

3909 Saddle Ridge St.

Enter Florida street address

Valrico

City

, Florida

33596

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.

Will A. Rodriguez

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          | William Rodriguez | 3909 Saddle Ridge SE. | <input checked="" type="checkbox"/> Add    |
|              |                   | Valrico, FL 33596     | <input type="checkbox"/> Remove            |
|              |                   |                       | <input type="checkbox"/> Change            |
| AMBR         | Kai Chin          | 23917 Pow Wow Dr.     | <input checked="" type="checkbox"/> Add    |
|              |                   | Lutz, FL 33559        | <input type="checkbox"/> Remove            |
|              |                   |                       | <input type="checkbox"/> Change            |
| AMBR         | Eric Talmant      | 36935 Teresa Rd       | <input type="checkbox"/> Add               |
|              |                   | Dade City, FL 33523   | <input type="checkbox"/> Remove            |
|              |                   |                       | <input checked="" 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            |

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SOUTHERN DISTRICT OF FLORIDA  
TALLAHASSEE, FLORIDA

(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)

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 November 11, 2015

Signature of a member or authorized representative of a member

William A. Rodriguez  
Typed or printed name of signee