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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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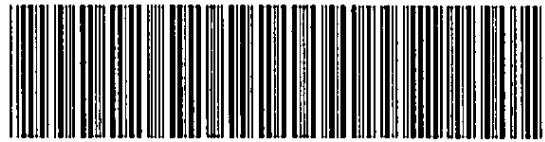
(Business Entity Name)

(Document Number)

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2017 SEP 13 PM 4:06  
FALL ARIZONA

SEP 14 2017  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Natural Movement Fitness, 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:

Michael McKivigan
Name of Person
Natural Movement Fitness, LLC
Firm/Company
6750 NW 16th Street Ste. A
Address
Gainesville, Florida 32653
City/State and Zip Code
natmovfitness@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael McKivigan                  352      353-5103  
\_\_\_\_\_ at \_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Natural Movement Fitness

(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 10/7/2015 and assigned  
Florida document number L15000176019.

This amendment is submitted to amend the following:

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

Peak Performance Gym, LLC

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)

**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:

Michael McKivigan

New Registered Office Address:

6750 NW 16th Street

*Enter Florida street address*

Gainesville


Florida 32653

*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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Patrick McKivigan	6750 NW 16th Street Ste. B	<input type="checkbox"/> Add
		Gainesville FL 32653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John LaMay III	6750 NW 16th Street Ste. A	<input type="checkbox"/> Add
		Gainesville FL 32653	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael McKivigan	6750 NW 16th Street Ste. A	<input checked="" type="checkbox"/> Add
		Gainesville FL 32653	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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.

Signature

Michael McKivigan

SEP 13 PM 4:06  
TALLAHASSEE