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EXAMINER

COVER LETTER

	Registration Se Division of Cor					
eunteze		vorx L.L.C.				
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	um all correspo	ondence concerning this matter	to the following:			
		Karl Ginalski				
			Name of Person			
		GK Bodyworx				
			Firm/Company	·····		
	5396 Wellfleet Drive South					
			Address	<u> </u>		
		Firm/Company 5396 Wellfleet Drive South Address Sarasota, FL 34241 City/State and Zip Code GKBodyworx@gmail.com E-mail address: (to be used for future annual report notification)		JUL 2		
		Sarasota, FL 34241 City/State and Zip Code				
				<u> </u>		
				. " ~		
For furthe	r information c	oncerning this matter, please co	all:			
Karl Gina	alski		802 377 2159 at ()			
	Name o	f Person		me Telephone Number		
Enclosed	is a check for the	he following amount:				
\$25.0	0 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)		
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C	orations		

Tallahassee, FL 32301

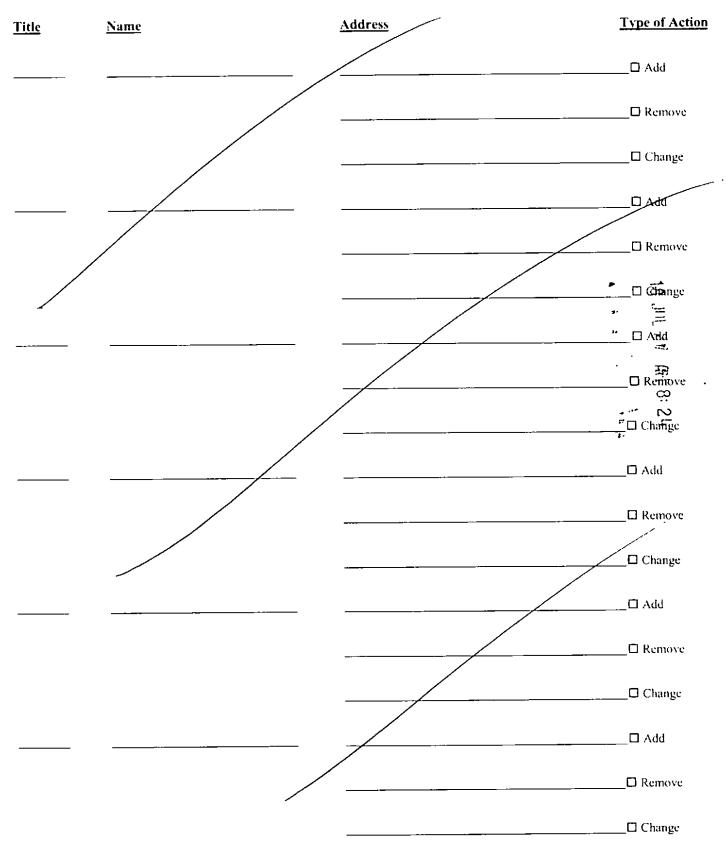
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GK BODYWORX L.L.C.	Company of it now appears on our	records)		
(A Florida	y Company as it now appears on our Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on January 1	0. 2017 and assigned		
Florida document number L17000008161				
Florida document number	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
Revival Rehab Fitness and Wellness L.L.C.				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		; <u></u>		
(Principal office address MUST BE A STREET ADDR	RESS)	· <u>'</u>		
		. 5		
		<u>₩</u> .		
Enter new mailing address, if applicable:		<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)				
Name of New Registered Agent:				
New Registered Office Address:	Enser Florida stree	Florida street address		
	City	, Florida Zip Code		
No. Designated Assets Company if shanging Designators	·			
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my du gent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is		
	If Changing Registered Agent. Sig	nature of New Registered Agent		
	Page 1 of 3			
	•			

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



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Note: If the date inserted in this	oust be specific and cannot be prior to date of block does not meet the applicable sta	of filing or more than 90 days att	tional) ter filing.) Pursuant to 605.0207
document's effective date on the	Department of State's records.		
ne record specifies a delaye The 90th day after the re	ed effective date, but not an e ecord is filed.	ffective time, at 12:01	a.m. on the earlier of
Dated	2018		
Jaieu			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00