# 117000095176

(Re	equestor's Name)	, , , , , , , , , , , , , , , , , , ,
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400299835054

06/06/17--01024--016 \*\*25.00



### **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT: Ki	netic Training	a Limited Liability Company	ity Company
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	C	Dayiel A. Prlacios	
		Firm/Company	
	<u>41 Si</u>	monton Circle Address	<del></del>
	Weston, F	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	CoM cation)
For further information co	oncerning this matter, please ca	all:	
Oanie (	Pulavios Person	at ( <u>954) 504-</u> Area Code Daylime	2 147 Telephone Number
Enclosed is a check for th	e 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

( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company villerida document number <u>W1500035158</u> .	were filed on
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limited liabil	
Kinefic Training LLC The new name must be distinguishable and contain the words "Limited Liability In the contain	ty Company "the decignation "[ ] C" or the obbreviation "[ ] C"
Enter new principal offices address, if applicable:	41 Simonton Circle
(Principal office address MUST BE A STREET ADDRESS)	Weston FL 33326
Enter new mailing address, if applicable:	Same as above
(Mailing address MAY BE A POST OFFICE BOX)	55 6 m
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	riel Palacios
New Registered Office Address: 41	51MM fon Circle Enter Florida street address
Wes	City, Florida J37 26
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>	Type of Action
MGR	Duniel Palacies	W Simonton Circle	Add
		Weston FL 333 26	□ Remove
			□ Change
<del></del> .			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
	•		Change
<del></del>	,		Add
			Remove
			Change

			. =					
<del></del>								
	<del></del> .			<del> </del>				<del></del> -
	<u></u>	<del></del>			· · · · · ·			
<del>-</del> -							-	
						A CO	17	
						2> 200 100 100 100 100 100 100 100 100 100	NOF	 -, -
				<del></del>				el
				·		<u> </u>	=	
			<del></del>			<u>Pā</u>	7	francers.
							တ	• ,,,,,,,
	1-81							
ective date, if other t effective date is listed, the e: If the date inserted ument's effective date	in this block does	not meet the	applicable s	95 pos of filing or me atutory filing	s <i>ible</i> ( ore than 90 days requirement	( <b>optional)</b> s after filing.) P s, this date wi	ursuant t II not be	o 605.( e listec
record specifies a defined he 90th day after			ut not an	effective t	me, at 12:	01 a.m. on	the e	arlie
ed <i>M</i>		,	·.	- /				
	6		XI	far.				

Page 3 of 3

Filing Fee: \$25.00