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(Re	equestor's Name)	
	idress)	
L (Ac	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETANNOES FAIR

Y. SCOTT JUN - 3 2023

		COVER LETTER				
TO: Registration S Division of Co		ν .	¥.			À
Primal Fits	ness of Naples LLC					
SUBJECT:	Name of Lim	ited Liability Company		_		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Miles Crispin Cumming					
		Name of Person			2027	
				ALE CARE	2023 APR 17 PH 3: 25	=
		Firm/Company			₹ 1.7	Ī
	7485 Inspira Circle Apt 12	12		388 100 1	P	
		Address		TS.	ယ္	, Au
	Naples FL 34113				25	
		City/State and Zip Code				
	miles@rebuiltfitness.org		174 1 2	_		
Par Contact of Comment		to be used for future annual report r	otification)			
	concerning this matter, please c	all:				
Miles Crispin Cumming		239 404-9129 at ()			_	
Name o	of Person	Area Code Day	time Telephone Num	ıber		
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif) Filing F ficate of S fied Copy onal copy is	Status &	
Mailing Addre	8S:	Street Address:				
Registration	Section	Registration 5	Section			
Division of C P.O. Box 632	•	Division of C The Centre o	•			
Tallahassee			roe Street Suite	e 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Primal Fitness of Naples LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on June 18, 2018	and assigned
lorida document number L18000149310		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	ability company here:	ZOZ3 AP SECRE
ReBuilt Fitness LLC		FA P
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	LC" or the abbreviation "L.I.T.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		H H
		—————————————————————————————————————
	<u> </u>	m G
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
ranning address mill BETT OST OFFICE BOTT		
. If amending the registered agent and/or registered office	e address on our records, ente	er the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	,, I	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	 		□Add
			□Remove
			□Add
			□Remove SECR □Change
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ffective date, if o an effective date is listote: If the date insocument's effective	sted, the date must be serted in this block	specific and c does not me	annot be prior eet the applic	able statutor,	ig or more than y filing requi	90 days at	otional) ter filing.) his date v	Pursuan will not	t to 605.020' be listed as
record specifies a d is filed.	lelayed effective d	ate, but not a	n effective ti	ime, at 12:01	a.m. on the	earlier of:	(b) The	90th d	ay after the
ated April 12		·	2023						
	Sig	gnature of a mo	ember or author	orized represe	ntative of a me	ember			_

Filing Fee: \$25.00