119000232306

(Requestor's Name)
(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:

Office Use Only



200320106862

10/29/18--01014--025 **25.00

18 0CI 29 PH 4:16

NOV 15 2018 T SCHROEU A

COVER LETTER

TO: Registration Se Division of Cor			
empreer. Bare Fitr	ness & Athletic Performa	nce LLC	
SUBJECT: Dans in		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	indence concerning this matter to	the following:	
	Ciera Kelly		
		Name of Person	
	Bare Fitness & Athleti	ic Performance LLC	
		Firm/Company	
	7801 Reflection Co	ove Dr. Apt. 207	
	***************************************	Address	
	Fort Myers FL 33907		
		City/State and Zip Code	
	bareperformancellc@gmail		
	E-mail address: (to	be used for future annual report notific	ation)
For further information e	oncerning this matter, please call	l:	
Ciera Kelly		at (207) 284-3238	
Name o	f Person	Area Code Daytime	Felephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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

Bare Fitness & Athletic Performance LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 1st, 2018	and assigned
Florida document number L18000232306		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7801 Reflection Cove Dr Apt.	207
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
	Fort Myers FL 33907	&
Enter new mailing address, if applicable:	7801 Reflection Cove Dr Apt.	207 29
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	Fort Myers FL 33907	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		Othe name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, 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>	Address	Type of Action
AMBR	Ciera Kelly	7801 Reflection Cove Dr Apt. 207	_
		Fort Myers FL 33907	□ Remove
			Change
			Add
			□ Remove
			Change
			29 Remover
		8	□Change
			Remove
			_□ Change
			🗅 Add
			_□ Remove
			Change
			D Add
			_□ Remove
			□ Change

							•	_
					_			_
4	<u></u>							-
				** "				<u> </u>
			<u> </u>					
								_
		. .	-					_
	·							
		<u></u>						
	 -	•	•			1155	- 68	
			<u>'</u>			78 tr.	100	- T)
						- <u> </u>	63)
							— ———————————————————————————————————	— <u>"</u> ,
						<u> </u>		_`~~'
						22 (21)	σ	_
(If an effective date Note: If the da	, if other than the desire listed, the date must be inserted in this blocketive date on the Dep	be specific and car ok does not mee	t the applicable	ate of filing or mos statutory filing	e than 90 days afte	ional) r tiling.) Pun is date will	suant to 6 not be 1	505.020 isted a
) The 90th d	ecifies a delayed ay after the reco	rd is filed.		n effective tii	ne, at 12:01	a.m. on t	the ear	rlier (
Dated Octo	ober 25th	·	2018 Ch					
			06					

Page 3 of 3

Filing Fee: \$25.00