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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	\mathcal{J}	K GYMNA	spics LLC	
JOBJEC	··	Name of Limit	ed Liability Company	
The encle	osed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please re	urn all correspor	dence concerning this matter t	o the following:	
		DAVI	D SiGUA	
			Name of Person	
		,	Firm/Company	<u></u>
		32 EVENI	NG STAR DR	
			Address	
		(RANFORD	City/State and Zip Code GUA @ GMAIL. C.C.	327
			City/State and Zip Code	
		BATOS/ E-mail address: (to	GUA (C) GMAIL. CO	cation)
For furth	er information co	ncerning this matter, please ca	 1 <u> </u> :	
	DAVI	Sigua	at (720) 341-	4021
	Name of		Area Code Daytime	Telephone Number
/		following amount:		
전 \$ 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	NG ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DK GY	MNASTICS LLC
(Name of the Limited Lia (A Flo	pility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number \(\begin{align*} \(\begin{align*} \limits 19001407 \end{align*} \)	y Company were filed on MAY 28, 2019 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
	<u></u>
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the ne</u> ddress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:
provisions of all statutes relative to the proper an accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the decomplete performance of my duties, and I am familiar with and I agent as provided for in Chapter 605, F.S. Or, if this document is ered office address, I hereby confirm that the limited liability ge.
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address of each person being adde
MGR = Manager AMBR = Authorized Member		
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	DINA KAMALOVA	32 EVENING STAR DR NAdd CRAWFORDVILLE, FL, 32327 Remove
		CRAWFORDVILLE, FL, 32327 - Remove
		Change
		Add
		Remove
		Change
	* 10.	Add Remove
		Add
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am	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
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ffec	tive date, if other than the date of filing:	(optional)
an el	ffective date is listed, the date must be specific and cann	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
	If the date inserted in this block does not meet nent's effective date on the Department of State*	the applicable statutory filing requirements, this date will not be listed a.
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	oned appoints a dalayed offentive data	. hut not an official size of 13,01 cm as the resting
e re The	e 90th day after the record is filed.	, but not an effective time, at 12:01 a.m. on the earlier o
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	(ll Y) l P	· y
	Signature of a mobile	ber or authorized representative of a member
	- 1	
	Тур 1	oed or printed name of signee
		Page 3 of 3

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