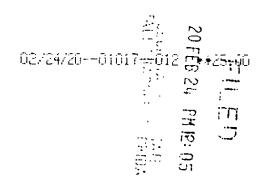
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COVER LETTER

	Registration Se Division of Co			
CHD IEC		JAYNOR-PETERSON PERSC	ONAL TRAINING, LLC	
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Jeffrey R. Kuhns, Esq., Ll.	M.	
			Name of Person	
		Kuhns Law Firm, PLLC		
			Firm/Company	
		425 Cross Street #312		
			Address	
		Punta Gorda, FL 33950		
			City/State and Zip Code	
		E-mail address: (to be used for future annual re	port notification)
For furthe	er information c	concerning this matter, please c	all:	
Jeffrey R	. Kuhns			-8000
	Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck	Certificate of Status &
	Mailing Addres Registration		<u>Street Ad</u> Registrat	dress: tion Section
I	Division of C	Corporations	Division	of Corporations
F	P.O. Box 632	27		tre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIEDRE GAYNOR-PETERSON PERSONAL TRAINING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number 1.20000040571	sbility Company	were filed on <u>02/04/202</u>	<u> </u>	nd assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
DEIDRE GAYNOR-PETERSON PERSONAL TRA	AINING, LLC			
The new name must be distinguishable and contain the we	rds "Limited Liabili	ity Company." the designati	on "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applica	ble:	NO CHANGE		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re		NO CHANGE	7	त्रुं 💛
agent and/or the new registered office address	<u>here</u> :		;>	
Name of New Registered Agent:				
New Registered Office Address:	registered agent and/or registered office address on our records, enter the name of the new registered we registered office address here: NO CHANGE			
		Enter Florida stred	et 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
N/C	NO CHANGE	NO CHANGE	□Add
			□Remove
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			□Add
			Remove
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	st be specific and cannot be prior to dat lock does not meet the applicable s	e of filing or more than 90 days a		
record specifies a delayed effectiv I is filed.	re date, but not an effective time, a	at 12:01 a.m. on the earlier of	(b) The 90th day aft	er the
February 20	. 2020			
17.01	Signature of a member or authorized			
- (1-10) ANO 1-1-	Sanature of a manches of authority	rangacantation of a secondar		

Filing Fee: \$25.00