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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIEDRE GAYNOR-PETERSON PERSONAL TRAINING, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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 report notification)

For further information concerning this matter, please call:

Jeffrey R. Kuhns

941 205-8000

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
N/C	NO CHANGE	NO CHANGE	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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NO CHANGE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 20, 2020

Devin J. R

Signature of a member or authorized representative of a member

DEIDRE GAYNOR-PETERSON

Typed or printed name of signee

Filing Fee: \$25.00