120000318611

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T. MATTHEWS

FEB 2 1 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	orporations		
	s Fitness and Sports Performa	ance	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Nicholas Rios		
		Name of Person	
	Nick Rios Fitness and Sp	ports Performance LLC	
	······	Firm/Company	
	151 N Orlando Ave Apt	131	
		Address	
	Winter Park, Florida 327	89	
		City/State and Zip Code	
	nicholasrioscpt@gmail.co		
		to be used for future annual report noti	fication)
	concerning this matter, please c		
Nicholas Rios		352 4369699 at ()	
Name	of Person	Area Code Daytim	ne 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration Sec	ction
Division of	Corporations	Division of Cor	rporations
P.O. Box 63	327	The Centre of T	fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FFF -7 PH 3: 10

Nick Rios Fitness and Sports Performance 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 Liability Company Florida document number L20000318611	were filed on Octob	er 8, 2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	nation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			······································
(Mailing address MAY BE A POST OFFICE BOX)			-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our reco	rds, <u>enter the name c</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida .	street address	
	City	, Florida	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
AMBR	Nick R Elite	und	_ □Add
		5748 North Lamp Post Drive, Beverly Hills, Florid	
			_ □Change
			_ □Add
			_ □Remove
			_ 🗆 Change
			_ □Add
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			_ □Remove
			_ □Change

removing member Nick R	Elite				
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ffective date, if other than the an effective date is listed, the date mulate: If the date inserted in this bocument's effective date on the D	at be specific and cannot be ock does not meet the a	prior to date of filing pplicable statutory	g or more than 90 days a	ptional) fter filing.) Pursuant to (this date will not be l	505.0207 isted as t
record specifies a delayed effective is filed.	e date, but not an effect	ive time, at 12:01	a.m. on the earlier of	: (b) The 90th day a	fter the
February 1st	2022				
		·			
1 11					
	Signature of a member or	authorized represen	tative of a member		

Filing Fee: \$25.00