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	(Address)	
((Address)	
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations			
Dynamic V	Varrior Performance LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christian Torres		
		Name of Person	
		Firm/Company	
	7433 Houston Court E		
		Address	
	Winter Park, Florida 3279	2	
		City/State and Zip Code	
	c_torres31@aol.com		
	E-mail address: (to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
Christian Torres		321 3338695	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	-		
■ \$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 Addres		Street Address:	
Registration 9 Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Dynamic Warrior Performance LLC	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/11/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
N3XT UP Strength & Conditioning LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7433 Houston Court E
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, Florida 32792
	7433 Houston Court E
Enter new mailing address, if applicable:	Winter Park, Florida 32792
(Mailing address MAY BE A POST OFFICE BOX)	WHITE FAIX, FIORIZE 32/92
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
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:	<u>E</u>
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	p performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			🗆 Remove
			☐ Change
			□Add
			□ Remove
			Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
		□Remove	
			Change
			□Add
			□Remove
			(T)Chamus

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lf an effective <u>Note:</u> If th	late, if other than the date of filing:
e record spo rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	5/29/22
-	Signature of a member or authorized representative of a member
	Christian Torres Typed or printed name of signee

Filing Fee: \$25.00