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TO: Registration Section
Division of Corporations

SUBJECT: Reborn Athletics Fitness 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:

Mahdi Awada

Name of Person

Reborn Athletics Fitness

Firm/Company

250 NW Peacock Blvd

Address

Port Saint Lucie, FL 34986

City/State and Zip Code

Reborn Athletics Fitness@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mahdi Awada

Name of Person

at (561)

Area Code

929-8364

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

Reborn Athletics Fitness LLC
(Name of the Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

(5)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 7/15/2021

Mahdi Awada
Typed or printed name of signee