## K21 000 254 129

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only 5. C.
Office Use Only 5, C. OS/10/21



300370580103

\$ c . . .

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: Re	born Athletics	Fitness	LLC		
	Name of Lim	ited Liability Compa	iny	<del></del>	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Mahdi	Awada	***		
		Name of Pers	son		
	Reborn	Athletics			
		Firm/Compa	ny		
	250 NW		Blvd		
		Address			
	Port Saint 1	ucie , FL	34986		
	Port Saint 1	City/State and Zip	Code	<del></del>	
	Reborn Athle E-mail address: (	tics Fitness	@ gmail. c	cation)	
For further information	concerning this matter, please c		amaar equitions	cuiton)	
Tor further information	concerning this matter, piease c	an.		Ö	
Mahdi 1	Awada	at (561		<u>8364</u>	C)
Name o	of Person	Area Coo	de Daytime	Telephone Number	
•				;	
Enclosed is a check for t	he following amount:			•	
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filin Certified Co (additional co)		□ \$60.00 Filing Fee  Certificate of Status &  Certified Copy >>  (additional copy is enclosed)	
Mailing Addre	<u>ss:</u>	<u>St</u>	reet Address:		
Registration	Section	Re	egistration Sect		
Division of C P.O. Box 633	•		ivision of Corp ne Centre of Ta		
Tallahassee.				Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:		24
	City	Zip Code ;
	, Florida _	1
	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
agent and/or the new registered office address here:	enter the ha	
B. If amending the registered agent and/or registered office ad	dress on our records enter the ne	mo of the new registered
The second secon		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)	-	
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		<del></del>
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liabil	ity company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L21000254 [29]</u> .		
The Articles of Organization for this Limited Liability Company v	vere filed on 06/01/202	₩ and assigned
(A Florida Limited Li		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	<del>_</del>

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 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
<u>Coo</u>	Keythel Martinez	1070 Audace Ave Apt 1.6 Boynton Be	each [BAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
		<del></del>	□Remove
		.)	Change
			DAdd
		· · · · · · · · · · · · · · · · · · ·	□Remove
			- □Change
			□Add
			□ Remove
		<del> </del>	□Change
			□Add
			□Remove
			Da

on effective date is used, the date must be specific and cannot be prior to date of fining of more of the date inserted in this block does not meet the applicable statutory filing resocument's effective date on the Department of State's records.  The date inserted in this block does not meet the applicable statutory filing resocument's effective date on the Department of State's records.	quirements, this date v	vill nột be lis	ted as
Tective date, if other than the date of filing:  m effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)	込	5 0207
		f <u>1</u>	- -
	<u>(/)</u>		- (
			_
			_
			-
			-
		<del></del>	-
			-
			_
			-
		<del></del>	-