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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	NOV 1 U 2021	

Office Use Only



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2021 HOY - 1 PH 2: 1

Reborn Athletics Fitness LLC

250 NW Peacock Blvd Port St.Lucie, Fl 34986

Keythel Martinez

Owner/COO 1070 Audace Ave Apt 106 Boynton Beach, Fl 33426 561-516-1090 keythel@rebornathleticsfitnessllc.com

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV -1 PH 2: 17

SECRETARY OF STATE
TALL MIASSET FESTAL.

Reborn Athletics Fitness 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	were filed on 10/22/20	21 and assigned
Florida document number L21000254129		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:		
amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: cipal office uddress MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida		
Enter new principal offices address, if applicable:		
(Principal office uddress MUST BE A STREET ADDRESS)	 .	
	1070 Audace Ave A	ot 106
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
	address on our records	s, enter the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		

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>	Name	Address	Type of Action
AMBR	Tatiana A. Martinez	2413 Lowson Blvd Apt D Delray Beach, FI 33445	; _ ■Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ Change
			_ □Add
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			_ 🗆 Add
			_ □Remove
			□Change

11 4(1)€	ending any other information	i, enter change(s) here: (A	litach additional sheel	is, if necessary.)	
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Effecti If an eff	ive date, if other than the date	te of filing:specific and cannot be prior to da	te of filing or more than 90	(optional) days after filing.) Pursuant	to 605,0207
	If the date inserted in this block bent's effective date on the Depar		statutory filing requiren	nents, this date will not b	e listed as
e recor rd is fil	d specifies a delayed effective da led.	ite, but not an effective time,	at 12:01 a.m. on the ear	lier of: (b) The 90th da	y after the
Dated	October 22nd	. 2021			
		Kuyttelon			
	Sig	nature of a member or authorized	I representative of a memb	oer	
	Keythel Martinez				

Filing Fee: \$25.00