

121000447438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 APR 29 AM 10:07

LENNIS
JUN 20 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE BEST WORK OUT 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:

OLGA RAMOS

Name of Person

FREEDOM TAX SERVICE OF SWFL CORP

Firm/Company

12355 COLLIER BLVD STE H

Address

NAPLES, FL 34116

City/State and Zip Code

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

For further information concerning this matter, please call:

OLGA RAMOS

239 4556011
at ()

Name of Person

Area Code

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE BEST WORK OUT 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 10/13/2021 and assigned
Florida document number L21000447438.

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:

12355 COLLIER BLVD STE L

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34116

Enter new mailing address, if applicable:

12355 COLLIER BLVD STE L

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34116

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FREEDOM TAX SERVICE OF SOUTHWEST FLORIDA CORP

New Registered Office Address:

12355 COLLIER BLVD STE H

Enter Florida street address

NAPLES

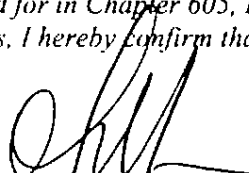
City

, Florida 34116

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 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>	<u>Type of Action</u>
MGR	ANTONIO QUIRINO XAVIER	12355 COLLIER BLVD STE L	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS ENRIQUE LEGON MENA	1761 FOUR MILE COVE PKWY 513	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

Dated 04/25/ 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee