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SECRETARY OF STATE

TIL TO

COVER LETTER

TO: Registration S Division of Co			
	YM EQUIPMENTS LLC		
SUBJECT:	Name of Lin	nited Liability Company	.
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LEANDRO BERETTA		
		Name of Person	
	SBGE USA TAX ACCOU	JNTING & FINANCIAL	
		Firm/Company	
	1701 W HILLSBORO BL	VD SUITE 304	
		Address	
	DEERFIELD BEACH, FI	-	
		City/State and Zip Code	
	INFO@SBGEUSA.COM	to be used for future annual report no	(Face) and
For further information	concerning this matter, please c	·	mication)
LEANDRO BERETTA		561 344-3553	
Name (of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	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 Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Co	rporations
P.O. Box 63: Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RICH'S GYM EQUIPMENTS LLC

2022 MAY 23 AM 9: 21

(Name of the Limited Liability Company as it now appears on our records.) SECRE, ARY OF STATE
(A Florida Limited Liability Company)
TALL AHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{04/22/2022}{2}$ and assigned Florida document number $\frac{1.22000193107}{1.0000193107}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RICH'S GYM EQUIPMENT LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
		-	
			□Remove
			☐ Change
			□Add
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`an effective date is lis Sote: If the date ins	ther than the date of ted, the date must be specierted in this block do at date on the Department	ecific and cannot be es not meet the	applicable stati	filing or more that utory filing requi	(option 90 days after the rements, this	ilino A Purs	uant to 6 10t be li	05.020' isted as
record specifies a d I is filed.	elayed effective date,	but not an effec	tive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90tl	n day af	ter the
ated MAY 17TH	2	2022		ſ				