L13000117778

(Requestor's Name)	_		
(Address)	_		
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)			
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
CALLARASSEC, FLORIDA

D. BRUCE

SFP 2.5 2012 EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT:	Iron and So	oul CrossFit, LLC.			
	Name of Limi	ted 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:			
		John Falco			
		Name of Person	·		
		Firm/Company			
		263 SW 179 AVE			
		Address		4	
	Pen	nbroke Pines, FL 33029		NE CO	**
		City/State and Zip Code		2000年200日 2000年200日 20	TI
	jo E-mail address: (i	hnfalcojr@gmail.com to be used for future annual report notific	cation)	24 F	
For further information	concerning this matter, please c	•	,	H 12	
	e maner, preuse				
	John Falco	&: \	5120586		
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)		f Status &	

MAILING ADDRESS:

TO:

Registration' Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Iron and Soul C	rossFit, LLC	•			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appear ability Company)	rs on our records.)		-	
The Articles of Organization for this Limited Liability Company	were filed on	09/13/2012	and	assigr	ned
Florida document numberL12000117778					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company her	· <u>e</u> :			
Iron and So	ul, LLC.				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	iny," the designation "	LLC" or 1	he abb	reviation
Enter new principal offices address, if applicable:			=10.		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	2	
			<u> </u>	SEP	
			5.75 62.55	24	>_
Enter new mailing address, if applicable:				717	næ.
(Mailing address MAY BE A POST OFFICE BOX)			171 171 1-171	22	
					
			23:77		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter</u>	the nam	e of t	the new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	City		Zip C	ode:	
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
			AFFACYED AND FILED 12 SEP 24 PM 12: SECRETARY OF STATE OF ALLAHASSEELFLORED AND ALLAHAS
Dated	20 September	2012	— [2: 3] - 31 - 31 - 31 - 31
		_	
	Signature of a m	nember or authorized representative of a member	
		John Falco Typed or printed name of signee	

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Filing Fee: \$25.00