10700084226

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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DIVISION OF CONTORNIONS 17 JUN 20 AH 11: 00 FILED

O STIMMONS JUN 2 2 2017

• ·		COVER LETTER	
TO: Registration Se Division of Cor			
Crossfit Ha	rdcore LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julie Meyers		
		Name of Person	
	Meyers Accounting, Inc.		
	<u>.</u>	Firm Company	·
	19916 Court of the Lions		
		Address	
	Boca Raton, FL 33434		
		City/State and Zip Code	
	juliemeyerstax@yahoo.com	to be used for future annual repor	
Construction in the mation of	oncerning this matter, please ca		(noncation)
	oncerning this matter, please ca		
Julie Meyers		at ()	JU aytime Telephone Number
Name e	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration 5 Division of C Clifton Build	orporations ng ce Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>8/16/07</u> and assigned T Florida document number L07000084226 This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liability company here</u> :	1
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	U
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
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, <u>enter the name of the registered agent and/or the new registered office address here</u> :	<u>1ew</u>
Name of New Registered Agent:	-
New Registered Office Address:	-
Enter Florida street address	
, Florida, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
M <u>GAM</u>	Jana Bieger	5539 Egret Isle Trail	🖬 Add
		Lake Worth, FL 33467	C Remove
		<u> </u>	Change
M G-RM	Johann Donawa	5539 Egret Isle Trail	Add
		Lake Worth, FL 33467	🖸 Remove
			Change
MGRM	Shaun O'Hare	15175 Michelangelo Blvd., 205	🗖 Add
		Delray Beach, FL 33446	🗆 Remove
		·····	□ Change
			Add
			Add
			🗇 Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

. 2017. 13 Dated 6 Signature of a member or authorized representative of a member

Adriana Grassi

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00