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K. SALY EXAMINER JAN 2 8 2013

COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT:	 Crossfit S	Sparta, LLC	
,		nited Liability Company	
	cles of Amendment and fee(s) are su orrespondence concerning this matte	_	
	Re	ena Lteif	
		Name of Person	
	Cro	ossfit Sparta, LLC	
		Firm/Company	
	80	01 E Bearss Ave	
		Address	
		Fampa, FL 33613 City/State and Zip Code	
		a.com-will send new e-mail add (to be used for future annual report notification	
For further inform	ation concerning this matter, please	call:	
Rena Lteif		at (813)971-9348	
	Name of Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount:		
□ \$25.00 Filing I	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/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 JAN 25 PM 4:28 Crossfit Sparta, LLC (Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) 03/06/08 The Articles of Organization for this Limited Liability Company were filed on ____ L08000023842 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sparta Fitness & Martial Arts, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Same Enter new principal offices address, if applicable: 801 E Bearss Ave (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33613 Same as Above 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 City

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

MGR = M	-		name, and address of each Mana;
<u>Title</u>	<u>Name</u>	Address	Type of Action
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1/21/	2013.
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	Signature of a member or authorized representative of a member
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Page 3 of 3

Filing Fee: \$25.00