109000006856

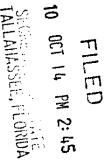
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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10/04/10--01062--002 **30.00





J. BRYAN

OCT 15 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: South Florida Beach Budy 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:						
Tom Dougherty Name of Person						
South Fluzina CizossFit						
5150 SW 48th WAY # 607						
DAVIE, FL. 33314 City/State and Zip Code T DOUGHERT / 1 D YAhoo. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Tom Doughenty at 954 610-0417 Name of Person Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\ \bigcirc \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \\ \bigcirc \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \end{array}						

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2010

TOM DOUGHERTY SOUTH FLORIDA CROSSFIT 5150 SW 48TH WAY #607 DAVIE, FL 33314

SUBJECT: SOUTH FLORIDA BEACH BODY LLC

Ref. Number: L09000006856



We have received your document for SOUTH FLORIDA BEACH BODY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 910A00023579

This letter is to inform that I will not reinstate South Florida CrossFit LLC and I release the name of South Florida CrossFit LLC.

Now that I have authorized to release the name: South Florida CrossFit LLC, I am now requesting that the name of South Florida Beach Body LLC be changed to South Florida CrossFit LLC

Thomas Dougherty 954-610-0417 5150 SW 48th Way #607 Davie, Fl. 33314

FILED

10 OCT 14 PM 2: 45

SLOKELY SEE FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Flori	Da Beach	Body L	LC	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appear mited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Co	. ,	1/22/2009	and assign	ned
Florida document number <u>LO 90000 6856</u>	2			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company her	<u>·e</u> :		
South Florida (2 ROSS Fit	LLC		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	my," the designation "	LLC" or the abb	reviation
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRI	<u> </u>		50 5	
Enter new mailing address, if applicable:		.	SE	
(Mailing address MAY BE A POST OFFICE BOX)				D
			의 · · · ·	
			DA +5	
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		our records, enter	the name of	the new
registered uncertainty the new registered office additi	LISS RCI C.			
Name of New Registered Agent:				
New Registered Office Address:				
	En	Enter Florida street address, Florida		
	City		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 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 ameuding 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 = Manager MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
	<u> </u>		Add Remove		
	_		Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If an	nending any other information, enter char	nge(s) here: (Attach additional sheets, if necessar	FILED 10 OCT 14 PH 2: 45 SEGRETARION TALLANASSILE, FLORIDA		
Dated _		or authorized representative of a member	A 5		
		Dougherty ed or printedname of signee	****		

Page 2 of 2

Filing Fee: \$25.00