109000006856

(Red	questor's Name)	
(Add	dress) -	
(Add	dress)	
(City	//State/Zip/Phone	· #)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		LORIDA CROSSFIT		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		FERNANDO DAVID		
			Name of Person	
		SOUTH FLORIDA CROS	SSFIT	
			Firm/Company	
		4810 SW 54 TERR		
			Address	
		DAVIE FL 33314		
			City/State and Zip Code	
		FD1560@YAHOO.COM		
		E-mail address: (to be used for future annual report notif	fication)
For furtl	ner information co	oncerning this matter, please ca	all:	
FERNA	NDO DAVID		954 931-1484 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed	d is a check for th	e 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH FLORIDA CROSSFIT		
(<u>Name of the Limited Liabi</u> (A Florio	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L09000006856	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
ESP RUNNING LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, i
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r iorua sireet daaress	
	, Flori	····
	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 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 being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Change
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ffective date, if other that an effective date is listed, the date. If the date inserted in tocument's effective date on	te must be specific his block does n	and cannot be pot meet the ap	prior to date of f plicable statut	iling or more the	(option on 90 days after fairements, this	iling.) Pursuant to 6	05.0207 sted as
e record specifies a de The 90th day after the	ayed effective record is file	e date, but ed.	not an effe	ective time,	at 12:01 a.	m. on the ear	lier of
		2017					
MARCH 15							
MARCH 15			· ·				

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Filing Fee: \$25.00