## L09000105675

(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TABLAHASSEE, FLORIDA

K. SALY EXAMINER

## **COVER LETTER**

Division of Cor			
Buck A Wo.	rkout, LLC		
SOBJECT.	Name of Limit	ed Liability Company	
	Amendment and fee(s) are subm		
Please return all correspon	ndence concerning this matter to	o the following:	
	Patrick J. DiSalvo		
		Name of Person	<del></del>
	DiSalvo & Associates, PLL	С	
		Firm/Corapany	
	1760 N Jog Road, Suite 150	,	
		Address	
	West Palm Beach, FL 3341	1	
	······································	City/State and Zip Code	
	pdisalvo@d-acpa.com		
	E-mail address: (to	n be used for future annual report notifi	cation)
For further information of	oncerning this matter, please cal	11;	
Patrick DiSalvo		561 659-1177	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fec & 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



Buck A Workout, LLC

(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 L	• • • • —	11/2/2009	and assigned
Florida document number	,		
This amendment is submitted to amend the for	lowing:		
A. If amending name, enter the new name of	of the limited liability company h	ere:	
MarkFit, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE			
	N/A		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		n our records, ent	er the name of the ne
•			
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	Enter Fl	orida 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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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effective date, if of	isted, the date must be sp	of flung:	or to date of filing or me	option ore than 90 days after f	iling.) Pursuant to 605.0207
ument's effectiv	iseried in this block dive date on the Departs	oes not meet the appi ment of State's record	s.	g requirements, this o	date will not be listed as
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record specif he 90th day	fies a delayed effor after the record i	ective date, but r is filed.	ot an effective t	ime, at 12:01 a.	m. on the earlier of
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Page 3 of 3

Filing Fee: \$25.00