L1000063327

(Re	questor's Name)			
(Ád	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP		MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number))		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
	Office Use Or	ly		



10/17/11--01016--021 **30.00



N. Culligan OCT 182011

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
	Roger Taitt Name of Person Crossfit Storm UC Firm/Company 11936 MIRAMAR PKWY Address MIRAMAR, FI 33025 City/State and Zip Code Roger & Crossfit Storm. Com E-meil/address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

-3807 and 954-376-2038 954 \mathcal{S} at Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

🐑 🔂 \$25.00 Filing Fee

ťo:

\$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	FILED 11 OCT 17 AM II: 54 SECRETAND
Crossfit Storm LLC	SECRETARY OF STATL TALLAHASSEE, FLORIDA
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on $6/14$ Florida document number 10000063327	12010 and assigned

__ __ _ _ _ _ _ _ _ _ _

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Roger Tait	ł
New Registered Office Address:	11936 Mirama	r PKWY
	Enter Florid	a street address
	Miramar.	Florida <u>33D95</u> 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> <u>or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action			
MGR	Gerald Balboa	911 NW 100th Ave Pembroke Pines, Fl 3302	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)				
			FILE			
			AN 11: 54 AN 11: 54 EF, FLORID			
Dated						
	Roger	or authorized representative of a member Taith pr printed name of signee				
Page 2 of 2						

Filing Fee: \$25.00