

L10000085481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

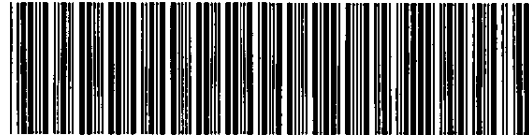
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 30 2014  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CITY CROSSFIT, 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:

**JOSE M. SANTA**

Name of Person

**CITY CROSSFIT, LLC**

Firm/Company

**1311 NE 1 AVE**

Address

**MIAMI, FL 33132**

City/State and Zip Code

**JOSESANTA73@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JOSE M. SANTA**

Name of Person

at **305 915-0358**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

CITY CROSSFIT, 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 Liability Company were filed on 08/16/2010 and assigned  
Florida document number L10000085481.

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 "LLC."

**Enter new principal offices address, if applicable:**

1311 NE 1 AVE

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33132

**Enter new mailing address, if applicable:**

1311 NE 1 AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL 33132

**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:

JOSE M. SANTA

New Registered Office Address:

3470 EAST COAST AVE, APT. 2704

Enter Florida street address

MIAMI

City

Florida 33137

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.*

*(Signature)*  
**If Changing Registered Agent, Signature of New Registered Agent**

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAGOBERTO JORGE	3464 SW 147 PLACE MIAMI, FL 33185	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DANIEL CIFUENTES	3464 SW 147 PLACE MIAMI, FL 33185	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JAVIER GONZALEZ	3464 SW 147 PLACE MIAMI, FL 33185	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EDUARDO ARTZE	3464 SW 147 PLACE MIAMI, FL 33185	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	JOSE M. SANTA	3470 EAST COAST AVE APT. 2704 MIAMI, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	ALEJANDRO BERRIZBEITIA	3301 NE 1 AVE APT. 220 MIAMI, FL 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE ALSO (ADD)

AMBR

ALAN RAFFALLI

950 BRICKELL BAY DR, APT. 5401

MIAMI, FL 33131

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

May 12, 2014

Signature of a member or authorized representative of a member

Daniel Cifuentes

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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