L11000034207

Office Use Only



000240186400

000240186400 10/05/12--01006--003 **55.00

12 UCI -5 AMII: 31

SEGRETARY OF STATE

OIVISION OF COMPORATION

OCT = 8 2012

LANCOTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Total Control 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:
Russell Peters Name of Person
CrossFit Total Control Firm/Company
925 8th ave S Address
Jacksonville Beach FL 32250 City/State and Zip Code Logan RDP 2000 @ yahow. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (631) 680-6598 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status 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

THLED SECRETARY OF STATE DIVISION OF CORPORATIONS

(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	Total (iontrol LLC	12 OCT -5 AMII: 31	
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 abbreviati "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, enter the name of the pregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Name of the Limited I	Liability Company as it now apper Florida Limited Liability Company	ars on our records.)	
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 abbreviati "LLC." 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, enter the name of the pregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			3/13/12 and assign	ed
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviati "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, enter the name of the name of New Registered Agent: Name of New Registered Agent: New Registered Office Address:	This amendment is submitted to amend the follow	wing:		
"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, enter the name of the name of the name of the name of New Registered Agent: Name of New Registered Agent: New Registered Office Address:	A. If amending name, enter the new name of	the limited liability company h	ere:	
(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, enter the name of the name of the name of New Registered Agent: New Registered Agent: New Registered Office Address:		the words "Limited Liability Com	pany," the designation "LLC" or the abbr	eviation
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, enter the name of the name of the name of New Registered Agent: Name of New Registered Agent: New Registered Office Address:	Enter new principal offices address, if applica	ble:		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the name of the name of the name of New Registered Agent: New Registered Office Address:	(Principal office address MUST BE A STREET	ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the name of the name of the name of New Registered Agent: New Registered Office Address:		- 11,1111 18 18 18 18 18 18 18 18 18 18 18 18		, , , , , , , , , , , , , , , , , , ,
Name of New Registered Agent: New Registered Office Address:		<u></u>		
New Registered Office Address:		•	our records, enter the name of t	he nghi
	Name of New Registered Agent:	Russell P	tes	······································
Enter Florida street address	New Registered Office Address:			
		£	inter Florida street address	
City, Florida Zip Code		City		

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager .

MGRM = Managing Member **Title Address Type of Action** Name 1 Vancosa Bolivar MGRM ☐ Add Remove ΠAdd Remove Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Vancosa Bolivar Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00