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SECKETARY OF STATE
TALLAHASSEE, FINALE

D. BRÜCE
NOV 07 2011
EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	Body Sh	op Crossfit, LLC	·.	
	Name of Lim	ited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	espondence concerning this matte	r to the following:		
		Tara Warrington		
		Name of Person		
	Kaufn	nan, Englett & Lynd, PLL0		
		Firm/Company		
	111 N	I. Magnolia Ave., Ste. 160	0	
	· · · · · · · · · · · · · · · · · · ·	Address		
		Orlando, FL 32801		ALL H
		City/State and Zip Code		CRE NO
	mbe	eattie@kelattorneys.com		OV-4 PM
	E-mail address: (to be used for future annual report no	tification)	333 4 - L
For further information	on concerning this matter, please	call:		1 NOV -4 PH 12: 2 CRETARY OF STAT LAHASSEE, FLORI
	Morgan Beattie	at (_407_)	513-1900	سع اسا⊡
Nan	ne of Person	Area Code & Dayti	ime Telephone Number	, ,>
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	te of Status &
	AILING ADDRESS:	STREET/COUI	RIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Body Shop	Crossfit, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears of d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	9/1/11	and assigned
Florida document numberL11000084157			
This amendment is submitted to amend the following:	•		,
A. If amending name, enter the new name of the limited lia	ability company here:		
	Factory, LLC		
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Company,	' the designation	"LLC" or the abbreviatio
Enter new principal offices address, if applicable:			LA R
(Principal office address MUST BE A STREET ADDRESS)			ASA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			OF STATE PLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, ente	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter I	Florida street a	ddress
		, 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 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 Manager's 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
 	·····		Damova
 	·		
			
			Remove
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheet	
· _			OF STATE
Dated	October 26		
	Und	m	shor
	Signature	of member of authorized representative of a men	IOCI
	· · · · · · · · · · · · · · · · · · ·	Craig R. Lynd Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00