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RETARY OF STATE AND ANASSEE, FLORIDA

AUG 1 3 2015

**3 MASON** 

### COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Name of Limited Liability Company	
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Jason Loquercio Name of Person	
	CrossFit TCCNICA Firm/Company	
	10850 47 th St. N Address	
	Clearwater FL 33762  City/State and Zip Code  Jason O Gossfit Techica Com  E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For fu	arther information concerning this matter, please call:	
	Jason Loquercio at (727) 643 7479  Name of Person Daytime Telephone Number	<del></del>
Enclos	sed is a check for the following amount:	·
\$2	(additional copy is enclosed) Certified	te of Status &

#### 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

## TO ARTICLES OF ORGANIZATION OF

CT FITNESS L	-LC			
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears iability Company)	on our records.	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	106/16/01	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	signation "LLC" or th	ne abbreviation "L.L.C."	<del>-</del>
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)	10850 FL 3	47th St 3762	: N Clearux	ite.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>en</u>	ter the name of the 1	new
Name of New Registered Agent:				-
New Registered Office Address:		·		_
	Enter Florida street address			
	City	, Florida	Zip Code	-
New Registered Agent's Signature, if changing Registered Agent;	<i>,</i>		1.54 0000	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Cl	ny duties, and I d hapter 605, F.S.	un familiar with and Or, if this document is	
	iging Registered Age	AHASSAN nt, Signatur (Mev	Register or Appent	

Page 1 of 3

## or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Manager		□ Add
			Remove
	,		Change
MGR	Jason Loguercio	1521 Drewst. Clw. FL 33	762 <b>X</b> Add
			Remove
<u>AMB</u> R	Mark Lagueroro	26607 Carter Rd Magnalia T	Change ファ354 × X Add
			□ Remove
AMBR	Blanca Salazar	26607 Couter Rd Magnolia T	_□ Change X 77 359 _ <b>ISK</b> Add
			□ Remove
			Change
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E. Effec	tive date, if other than the date of filing:( ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	optional)	) ) Pinena	nt to 605 03	207 (3Yb)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements nent's effective date on the Department of State's records.	s, this date	will no	t be listed	as the
If the re (b) The	ccord specifies a delayed effective date, but not an effective time, at 12: e 90th day after the record is filed.	01 a.m.	on the	e earlier	of:
Dated	10Aug.2015, 1.				
	1 chang				
	Signature of a member or authorized representative of a member	£R.	AUG	*1	
	Jason Loquercio	TARY ASSE	6 12		
	Typed or punted name of signee	m <sub>Q</sub>	U		
		NOT.			
	Page 3 of 3	TE AGI	12: µ6		

Filing Fee: \$25.00