## 111000126480

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**S Warren** OCT 18 2016

## **COVER LETTER**

	407 Fitness.	LLC
SUBJECT:		Name of Limited Liability Company
The enclosed	d Articles of A	amendment and fee(s) are submitted for filing.
Please return	all correspor	dence concerning this matter to the following:
		Sean Diggs
		Name of Person
		CrossFit 407
		Firm/Company
		6457 Hazeltine National Drive, #165
		Address
		Orlando, FL. 32822
		City/State and Zip Code sean@crossfit407.com
		E-mail address: (to be used for future annual report notification)
For further in	nformation co	oncerning this matter, please call:
Sean Diggs		407 717-5740 at ( )
	Name of	
Enclosed is	a check for th	e following amount:
<b>■</b> \$25,00 F		□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

407 Fitness, LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number L11000126480	iability Compan	y were filed on 11/0	and assigned
This amendment is submitted to amend the foli	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the des	agnation "LLC" or the abbreviation "L L C."
Enter new principal offices address, if applie	cable:	·	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:  New Registered Office Address:	l/or registered office address he	re:	our records, <u>enter the name of the new</u>
New Registered Office Address:	10 Windsormere Way, #200  Enter Florida street address		
	Oviedo		, Florida <sup>32765</sup>
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	
I hereby accept the appointment as register, provisions of all statutes relative to the propactions of my position as registenging filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	e performance of n provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ronald Batista	6457 Hazeltine National Dr. #165	Add
		Orlando, FL 32822	■ Remove
			Change
MGR	Sean Diggs	6457 Hazeltine National Dr. #165	Add
		Orlando, FL 32822	□ Remove
			Change
		<u> </u>	Remove
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an effect ote: If ocumen reco The 9	rd specifies a delayed effective of the Department of the specifies and delayed effective of the day after the record is filed.	re date, but not an effective tiled <u>2016</u>		

Filing Fee: \$25.00