LIQUUUSIATS

| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | *************************************** |
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SECRETARY OF STATE

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COVER LETTER

| Div | ision of Corp | orations | | | |
|--------------------|-----------------|--|---|---|-----|
| SUBJECT: | MIKECROS | SFIRE LLC | | | |
| SOBSECT. | | | | | |
| | | | | | |
| The enclosed | l Articles of A | amendment and fee(s) are sub- | mitted for filing. | | |
| Please return | all correspon | dence concerning this matter | to the following: | | • |
| | | MICHAEL F. OSUNA | | | |
| | | | Name of Person | | |
| | | | • | | |
| | | 714 | Firm/Company | | |
| | | 4100 SW 110 Court | | · | |
| | | | | | |
| | | Miami, FL 33165 | | | |
| | | | City/State and Zip Code | | |
| | | iamcrossfitmike@gmail.com | | | |
| | | E-mail address: (1 | to be used for future annual report notifica | . +=-4 | |
| For further in | nformation co | ncerning this matter, please ca | all: | 2015 C SECF | 71 |
| Michael F. C | Suna | | 305 989-3540 at () | DEC - | - |
| | Name of | Person | Area Code Daytime To | elephone Numbers Y P P P P P P P P P P P P P P P P P P | LED |
| Enclosed is a | check for the | e following amount: | | <u>e</u> 0 | |
| □ \$25.00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |

MAILING ADDRESS:

TO:

Registration Section

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

| MIKECROSSFIRE LLC | | | | | | | |
|--|---|--|--|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears on our records.) Liability Company) | | | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number L12000059675 | were filed on May 3, 2012 and assigned | | | | | | |
| This amendment is submitted to amend the following: | | | | | | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | | | | | |
| Enter new principal offices address, if applicable: | 4100 SW 110 Court | | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33165 | | | | | | |
| Enter new mailing address, if applicable: | 4100 SW 110 Court | | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, FL 33165 ≥ ≥ □ | | | | | | |
| B. If amending the registered agent and/or registered of | | | | | | | |
| registered agent and/or the new registered office address her | re: URIDA | | | | | | |
| Name of New Registered Agent: | · | | | | | | |
| New Registered Office Address: 4100 SW 110 C | | | | | | | |
| | Enter Florida street address | | | | | | |

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.

Citv

Miami

If Changing Registered Agent, Signature of New Registered Agent

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 | Michael F. Osuna | 4100 SW 110 Court | □ Add |
| | | Miami, FL 33165 | ☐ Remove |
| | | | ■ Change |
| | | | |
| | | *************************************** | □ Remove |
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| tive date, if other than the diffective date is listed, the date must b | e specific and car | nnot be prior t | o date of filing | or more than 90 | (option days after | filing.) Pur | suant to 60 |
| If the date inserted in this bloc ment's effective date on the Dep | | | ble statutory | filing requiren | nents, this | date will | not be lis |
| ment of the state of the Bep | annon or blun | o s records. | | | | | |
| ecord specifies a delayed e | effective date | e, but not | an effecti | ve time, at | 12:01 a | .m. on t | he earl |
| e 90th day after the recor | | a, a a, . | | | | | |
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| November 25 | | 2015 | _ · | | | | |
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Filing Fee: \$25.00