## Uando 099363

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SECRETARY OF STATE

D. BRUCE

DEC 12 2012

**EXAMINER** 

## **COVER LETTER**

Division of Co					
SUBJECT: Crossfit	, Hardcore Central, LLC				
	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Noel Mercado				
		Name of Person			
	Crossfit Hardcore Ce	·			
		Firm/Company			
	3828 NW 94th Way		<u>.</u>		
		Address			
	Sunrise, Florida 3335	51		12 SE TAL	
		City/State and Zip Code		12 DEC 10 A SECRETARYI	
	CFHCCentral@gmail			TAR HASS	コ>
	E-mail address: (t	o be used for future annual report notificatio	n)	SEE:	AND AND
For further information of	concerning this matter, please co	all:		E.F.S	
Noel Mercado		at (954 )658-6887		9: 39 FLORID	
Name o	of Person	Area Code & Daytime Tele	ephone Number	⊋#	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$60.00 Filing Fee, Certificate of Star Certified Copy		

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

(Name of the Limited		an magarida )
(Name of the Limited)	Liability Company as it now appears on ou Florida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited L Florida document number L12000099363	ability Company were filed on 08/01/20	and assigned
	<del></del>	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
Not Applicable		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able: Not Applicable	
(Principal office address MUST BE A STREE	T ADDRESS)	
		. DEC
Enter new mailing address, if applicable:	Not Applicable	HE C
(Mailing address MAY BE A POST OFFICE	<u></u>	SSEE OF LEGO
		TO 10
		<b>∌</b> ≟. ω
B. If amending the registered agent and/ registered agent and/or the new registered of		cords, enter the name of the new
registered agent until of the new registered of		
Name of New Registered Agent:	Not Applicable	
New Registered Office Address:		
	Enter Flo	rida street address
		, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Noel Mercado	3828 NW 94th Way	Add
		Sunrise, Florida 33351	Remove
MGRM Keil Higgins	920 NW 4th Ave	Add	
	Boca Raton, Florida 33432	Remove	
MGR Darlene Z. Mercado	3828 NW 94th Way	Add	
	Sunrise, Florida 33351	Remove	
MGR Tara A. Pazanski	2374 NW 31st Street	Add No.	
	Boca Raton, Florida 33431	A Remove	
		FILED FILED AND FILED AND SESSEE ASSEE, FLORIDA	
		Remove	
		Add	
			Remove

If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
ede	December 1, 2012.
	- Ref
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

APPROVED FILED