## #2/300000/8/2

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K.SALY EXAMINER FEB - 6 2013

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

B Crossfit Wellness Studio LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan J. Baker

Name of Person

Firm/Company

845 Teague Trail

Address

Lady Lake, FL 32159

City/State and Zip Code

bbaker352@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

shannon@shannonbarleypa.com at (352) 748-8000

Name of Person

Enclosed is a check for 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 Status & Certified Copy (additional copy is enclosed)

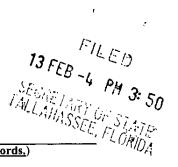
**MAILING ADDRESS:** 

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



LB Crossfit Wellness Studio, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 1/4/2013	and assigned
Florida document number L13000001812	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
	, Flo	orida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action** <u>Name</u> 5304 BOWLINE COURT LAINE C D'SOUZA MGR OXFORD, FL 34484 13876 NE 13TH ST **BRYAN J. BAKER** MGRM OXFORD, FL 34484 Remove Remove Remove

	r change(s) here: (Attach additional sheets, if necessary.)  BRYAN J. BAKER TO MGRM
011/4/01/10 11/22 01	BITTITUS BITTIS MOTAL
	2013
Dated JANUARY 29  X Bull Con	2013
Signature of a	member or authorized representative of a member
<del></del>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00