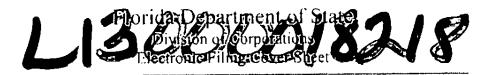
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000080718 3)))



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Tc: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 Phone : (323) 962-8600 Fax Number : (323) 962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH JAX CROSSFIT LLC

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COVER LETTER

TO: Registration of Division of	on Section Corporations		
	TH JAX CROSSFIT LLC	· · ·	
SUBJECT:	Name of Limited Li	ability Company	
•			
•		i e e e e	
The enclosed Article	es of Amendment and fee(s) are submitted	1 for filing.	
Please return all cor	respondence concerning this matter to the	following:	
	Cheyenne Moseley		
,		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Legalzoom.com, inc.		
		Firm/Company	
	101 N Brand Blvd Lith Fl		·
		Address	
	Glendale, CA 91203		
•	Ci	ty/State and Zip Code	y synddinaens per oerd addid down i priodited
	rowdy.felder@gmail.com		
	E-muil address; (to be	used for future annual report notificat	លោ) .
For further informa	tion concerning this matter, please call:		
Cheyenne Moscley	<i>t</i>	300 773-0888 at ()	·
	lame of Person	Area Code Daytine To	lephane Number
Enclosed is a check	c for the following amount:	•	
□ \$25.00 Filing I	Fee S30.00 Filing Fee & E Certificate of Status	8 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
· 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons cr Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH JAX CROSSFIT LLC					
(Name of the Limited Liability Compa- (A Florida Lumited L	ny as it now apa rability Compan	PERFE ON OUT TO	cords.)		
The Articles of Organization for this Limited Liability Company Florida document number L13000018218		•		and assigned	= 1
This amendment is submitted to amend the following:			•	AR. I	1 m m 1 m m m 1 m m m 1 m m m 1 m m m 1 m
If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: uiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," i	he designation "	'LLC" or the a	.)	
Enter new principal offices address, if applicable:				8	
(Principal office address MUST BE A STREET ADDRESS)					
		·			
	,			٠	
Enter new mailing address, if applicable:				<u> </u>	
(Muiling address MAY BE A POST OFFICE BOX)			 		·
	,			 ·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address	on our rec	ords, <u>enter</u>	r the name of th	<u>ie new</u>
Name of New Registered Agent:		····			
New Registered Office Address:					
New regardes of the reason	Enter Florida 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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performanc provided for	e of my dutie in Chapter (es, and Lam 605, F.S. O	i familiar with and r, if this documen	d

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>		Name	Address	Type of Action
MGRM		JAMES R FELDER		
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