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(Ad	dress)	
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SECRETARY OF STATE
ASSOCIATION

SEP 0 4 2015

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## COVER LETTER

	gistration Security			
CUD IEAT.		CHERT CROSSFIT LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		MICHELLE M REICHER	т	
		<del> </del>	Name of Person	
		- <del></del>	Firm/Company	
		1343 LAKE WHITNEY D	RIVE	
			Address	
		WINDERMERE, FL 3478	6	
			City/State and Zip Code	
		MMREICHERT@HOTMA		
			to be used for future annual report notific	cation)
For further i	information co	oncerning this matter, please ca	all:	
MICHELL	E M REICHE	RT	239 272-4544 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 l	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

JENKS REICHERT CROSSFIT LL	C		
( <u>Name of the Limite</u>	d Liability Company a A Florida Limited Liabi	s it now appears on our recor lity Company)	rds.)
The Articles of Organization for this Limited Lia		re filed on 02/14/2013	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability	company here:	
DOUBLE R FITNESS LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liability (	Company," the designation "LI.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET	r annerce)		
Tincipui office uduress MOST BE A STREET	TIVURLINIT _		
Trincipal office university of BEASTREET			
Trincipul office uduress MOST BE A STREET			
Enter new mailing address, if applicable:	_		
Enter new mailing address, if applicable:	_		
Enter new mailing address, if applicable:	_		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE E</u>	<u></u>		ds, enter the name of the
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E  B. If amending the registered agent and/o	B <i>OX</i> )		ds, enter the name of the
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E  B. If amending the registered agent and/o	B <i>OX</i> )		ds, enter the name of the
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E  B. If amending the registered agent and/o	B <i>OX</i> )		ds, enter the name of the
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E  B. If amending the registered agent and/or the new registered off  Name of New Registered Agent:	B <i>OX</i> )		ds, enter the name of the
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E  B. If amending the registered agent and/or the new registered off	B <i>OX</i> )		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E  B. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:	B <i>OX</i> )	e address on our record	

## 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, 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

. 1857

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>	<u>Address</u>	Type of Action
MGR	LINDSEY GALLUCCI	322 E CENTRAL BLVD, UNIT 70	Add
		ORLANDO FL 32801	■ Remove
			☐ Change
MGR	ROBERT T REICHERT	1343 LAKE WHITNEY DR	
		WINDERMERE FL 34786	Remove
			☐ Change
			Add
		<del></del>	□ Remove
			Change
			Remove
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<del></del>		<del></del>	Add
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	or than the date of filip	SEPTEMBER 1, 2015	5 (	antional\	
active date if othe		nd cannot be prior to date of file	ling or more than 90 days	after filing.) Pursua	int to 605.020
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Filing Fee: \$25.00