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| Special Instructions to | Filing Officer: | |
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SECRETANY OF STATE TALLAHASSEE, FLORIDA G

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COVER LETTER

| Div | ision of Cor | porations | | | |
|----------------|---------------|--|---|--------------------|---|
| SUBJECT: | CROSSFIT | 19 NORTH UC | | | |
| Sonjiet. | | Name of Lin | nited Liability Company | | |
| • | | | | | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | omitted for tiling. | | |
| Please return | all correspo | ondence concerning this matter | to the following: | | |
| | | ELISA TANNER | | | |
| | | | Name of Person | | - |
| | | CROSSFIT 19 NORTH | | | |
| | | | Firm/Company | | _ |
| | | 22075 US 19 NORTH | | | |
| | | | Address | | 18 18 |
| | | CLEARWATER, FL 3376 | 55 | | E B T |
| | | ELISA@CROSSFIT19NO | City/State and Zip Code RTH.COM | | FILED OCT 24 PH 6: 24 MIASSEE, FLORID |
| | | E-mail address: (| to be used for future annual report not | ification) | TO THE TO |
| For further in | iformation c | oncerning this matter, please c | all: | | 6: 21 ORIU |
| ELISA TAN | NER | | 727 366-9001 at () | | P. · |
| | Name of | f Person | Area Code Daytin | ne Telephone Numbe | <u></u> :г |
| Enclosed is a | check for th | ne following amount: | | | |
| \$25.00 F | iling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ate of Status & |

MAILING ADDRESS:

Registration Section

TO:

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

| . CROSSFIT 19 NORTH L.L.C. | | |
|--|--|---------------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our record- ited Liability Company) | <u>r-</u>) |
| he Articles of Organization for this Limited Liability Comp | pany were filed on 04/18/2013 | and assigned |
| lorida document number 1.13000057268 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | liability company here: | |
| 9 NORTH WEIGHTLIFTING L.L.C. | | |
| he new name must be distinguishable and contain the words "Limited I | liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | | <u>.</u> |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | _ |
| | | |
| nter new mailing address, if applicable: | | AEN PI |
| Aailing address MAY BE A POST OFFICE BOX) | | 24 SSE |
| runing undress MAT DE ATOST OFFICE BOX) | | ————————————————————————————————————— |
| | | 95. 6 |
| . If amending the registered agent and/or registered | d office address on our records | ~ |
| egistered agent and/or the new registered office address | | , enter the name of the |
| | | |
| Name of New Registered Agent: | | |
| Name of New Registered Agent. | | |
| New Registered Office Address: | | · · · · · · · · · · · · · · · · · · · |
| | Enter Florida street address | • |
| | | rida |
| | 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 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.

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 Type of Action <u>Title</u> <u>Name</u> Address _____ □ Remove ____ Change ☐ Remove _□ Add ☐ Remove _□ Change _□ Add ☐ Remove

☐ Change

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| ffective d | ate, if other than the date of filing: | (opt | tional) |
| 'an effective <mark>(ote:</mark> If the | date is listed, the date must be specific and cannot be a date inserted in this block does not meet the appellective date on the Department of State's reco | prior to date of filing or more than 90 days aft oplicable statutory filing requirements, the | er filing.) Pursuant to 605.0207 |
| e record The 90tl | specifies a delayed effective date, but n day after the record is filed. | not an effective time, at 12:01 | a.m. on the earlier of |
| ated | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00