# 43000080452

(Re	questor's Name)	
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# **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	rossfit Sans Name of Lim	La Rosa Beach	<u> </u>	
	Amendment and fee(s) are sub	•		
riease return all correspo	ndence concerning this matter	to the following:		
	Lloyd	Rodrigue Z. Name of Person		
	CrossFif	Santa Rosa Be Firm/Company	each_	
	<u></u>	Ronaire Blud. Address		TALLA TALLA
	Miramar	City/State and Zip Code  Code to be used for future annual report notifications.	550	AUG 15 F
	Crossfitse	interosabeach o	amail.com	PH ++ +
			cation)	
For further information of	oncerning this matter, please ca	all:		그 일
Lloyd Ko Name of	drigue Z Person	at (850) 7/4 – Area Code Daytime	3740 Telephone Number	
Enclosed is a check for the	e 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

Cross-ir Sant	a Rosa Deach, CCC
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document numberL1300008045.	ity Company were filed on 9 and 3, 2013 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	#
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	
(Principal office address MUST BE A STREET AI	DDRESS) Surta Rosa Beach, FL 32459
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	163 Veterans Way Santa Rosa Beach, R 32459
B. If amending the registered agent and/or registered agent and/or the new registered office a	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	Kathleen Joyce Rivers  163 Veterans Way  Enter Florida street address
New Registered Office Address:	163 Ve Ferens Way  Enter Florida street address
-	SANTA Rosa Beach, Florida 32459 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 = M $AMBR = A$	Ianager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lloyd Edward Rodrigue	Miramor Beach, FR 32550	
		Miramor Beach, FR 32550	Remove
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			Remove
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Filing Fee: \$25.00