

LI3000083493

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CROSSFIT WILLPOWER 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:

**LAUREN TRUSZKOWSKI**

Name of Person

Firm/Company

**624 SEA PINE WAY APT A1**

Address

**GREENACRES, FL 33415**

City/State and Zip Code

**LU612@YAHOO.COM**

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

For further information concerning this matter, please call:

**LAUREN TRUSZKOWSKI** at ( **561** ) **3010805**

Name of Person

Area Code & Daytime Telephone Number

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

RECEIVED  
TALLAHASSEE, FLORIDA  
13 SEP 17 AM 10:41

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CROSSFIT WILLPOWER 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 06/07/13 and assigned  
Florida document number L13000083493.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

LAUREN TRUSZKOWSKI

New Registered Office Address:

624 SEA PINE WAY APT A1

*Enter Florida street address*

GREENACRES

*City*

, Florida 33415

*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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                                   | <u>Type of Action</u>                      |
|--------------|--------------------|--------------------------------------------------|--------------------------------------------|
| MGRM         | DANIEL RUGGIERO    | 537 S SEQUOIA DR. #112 WEST PALM BEACH, FL 33409 | <input type="checkbox"/> Add               |
|              |                    |                                                  | <input checked="" type="checkbox"/> Remove |
| MGRM         | LAUREN TRUSZKOWSKI | 624 SEA PINE WAY APT A1 GREENACRES, FL 33415     | <input checked="" type="checkbox"/> Add    |
|              |                    |                                                  | <input type="checkbox"/> Remove            |
|              |                    |                                                  | <input type="checkbox"/> Add               |
|              |                    |                                                  | <input type="checkbox"/> Remove            |
|              |                    |                                                  | <input type="checkbox"/> Add               |
|              |                    |                                                  | <input type="checkbox"/> Remove            |
|              |                    |                                                  | <input type="checkbox"/> Add               |
|              |                    |                                                  | <input type="checkbox"/> Remove            |
|              |                    |                                                  | <input type="checkbox"/> Add               |
|              |                    |                                                  | <input type="checkbox"/> Remove            |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**LAUREN TRUSZKOWSKI**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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JALANASSEE, FLORIDA