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SALLAHASSEE FLORID.

SER 10 2015 J. HARRIS

COVER LETTER

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 Herrera
Name of Person
<u> </u>
Firm/Company
1100 Barnett Dr. Suite 35
Lake Worth/FL 3346/ City/State and Zip Code
City/State and Zip Code
CROSSFIT WILLOWER amail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (ab de ased for future annual report nounceation)
For further information concerning this matter, please call:
Lauren Herrera at 561 301 - 0805 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$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**

CROSSFIT WIL	1 power	LLC			
(A	Florida Limited Li				
The Articles of Organization for this Limited Liab Florida document number L130000 834	oility Company v	vere filed on 8/2	24/15	and assign	ned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the Will power Fitness Factor The new name must be distinguishable and contain the work	tory, L	TC	ation "LLC" or the ab	breviation "L.L.C	
Enter new principal offices address, if applicab	le:			5 2	
(Principal office address MUST BE A STREET.	ADDRESS)				- A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>			P-8 PH 4: 24	
B. If amending the registered agent and/or registered agent and/or the new registered office			r records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Yberto	Herrera			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		Enter Florida st	reet address		iana ilaina ilaina ara
	.	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Reg	gistered 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

Page 1 of 3

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>	Address	Type of Action
MGR	Lauren Truszkowski		Add
			PRemove
			Change
AMBR	Lauren Truszkowski		🗖 Add
			Remove
			Change
MGR	Yborio Herrera	1100 Barnett Dr. Suite 35	♥ Add
		Lake Worth, FL 33461	Remove
			Change
<u>AMBR</u>	Yberto Herrera		CB Add
			□ Remove
			☐ Change
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