## 113000 148 225

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

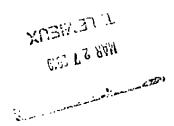




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## **COVER LETTER**

Division of Co	rporations		
Crossfit Ac	ero LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ondence concerning this matter to	o the following:	
	Joshua Willis		
		Name of Person	
	Crossfit Aero LLC		
		Firm/Company	···-
	4450 Pet Lane, Ste. 102		
		Address	
	Lutz. FL 33559		
	info@crossfitaero.com	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	II:	
Joshua Willis		813 843-8058	
Name (	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

FILED

Crossfit Aero LLC

2019 MAR 18 P # 89

	(A Florida Limited Liability Company)  SLUKE JAL JALLAHAS	ritur Siali SEL, Florida
The Articles of Organization for this Limited L	iability Company were filed on October 21, 2013	and assigned
Florida document number L1300148225		
This amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
r	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		<u></u>
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our records, <u>en</u>	ter the name of the nev
New Registered Office Address:		<del>-</del>
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		ı
	, Florida	Zip Code
New Registered Agent's Signature, if changing	, Florida	·

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>	<u>Address</u>	Type of Action
C00	Ryan Yarbrough	1830 Bearberry Cir. apt. 207 Lutz, F1 33559	☐ Add
			■ Remove
			□ Change
VP Joshua Willis	Joshua Willis	27422 Edenfield Drive Wesley Chapel, FL 33544	Add
			🗖 Remove
			☐ Change
VP	Rebecca Gilmore	1709 Lullwater Lane Lutz. FL 33549	
			Remove
			Change
VP Adam Wilkes	Adam Wilkes	12324 Loopback Drive San Antonio, FL 33576	■ Add
			Remove
			Change
	<del> </del>		Add
			Remove
			Change
			Add
			☐ Remove
			Change

•	
•	
11 1200	
(if an ef <u>Note:</u>	fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	March 13 2019

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Typed or printed name of signee

Filing Fee: \$25.00