

✓
L13000153683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2013 DEC 12 PM 4:42
FALLABASSER, T. D. JR.

B. BOSTON
DEC 13 2013
EXAM 100

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strong Life 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:

Chad Neuburger

Name of Person

Strong Life LLC (CrossFit Muscle Farm Downtown)

Firm/Company

60 SE. 1st

Address

Miami FL 33131

City/State and Zip Code

chad@crossfitmusclefarm.com

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

For further information concerning this matter, please call:

Chad Neuburger

Name of Person

at (954) 463-1889

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

TALLAHASSEE, FL 32301

2015 DEC 12 PM 4:42

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

Strong Life 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 10/30/13 and assigned Florida document number L13000153683.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

60 SE 1st
Miami FL 33131
60 SE 1st
Miami FL 33131

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:

New Registered Office Address:

Enter Florida street address

, Florida

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 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:

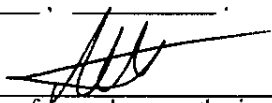
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Christoforou,ocrates	2225 NW 5th Ave	<input type="checkbox"/> Add
		Wilton Manors, FL 33311	<input checked="" type="checkbox"/> Remove
MGRM	Roman, Pablo	4777 SW 4th Street	<input type="checkbox"/> Add
		Miami FL 33134	<input checked="" type="checkbox"/> Remove
MGRM	Castricone, Angelo	508 Brickell Ave APT 2505	<input type="checkbox"/> Add
		Miami FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Chad Neuburger

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2019 DEC 12 PM 4:42
TALLAHASSEE, FLORIDA