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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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		H CrossFit L	LC	•		
SUBJE	.CI; _		Name of Limite	d Liability Company		······································
The end	closed A	Articles of An	nendment and fee(s) are subm	itted for filing.		
Please r	eturn a	ll corresponde	ence concerning this matter to	the following:		
			Jonathan Serrano			
				Name of Person		
				Firm/Company		
			11923 Pine Forest Drive			
				Address		
			New Port Richey, FL 34654			
			jserrano1011@gmail.com	City/State and Zip Code	•	
		-	E-mail address: (to	be used for future annual re	port notification	n)
For furt	ther inf	ormation con	erning this matter, please call	l:		
Jonatha	an Serra	ano		813 477-	-9514	
	•	Name of Po	erson	Area Code	Daytime Telep	phone Number
Enclose	ed is a c	heck for the t	following amount:			
□ \$25	5.00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$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

JH CrossFit LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000122225}{L16000122225}$	were filed on 06/24/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
JH Box LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11923 Pine Forest Drive	යාද් ආ :
(Principal office address MUST BE A STREET ADDRESS)	New Port Richey, FL 34654	5 5
Enter new mailing address, if applicable:	11923 Pine Forest Drive	The second secon
(Muiling address MAY BE A POST OFFICE BOX)	New Port Richey, FL 34654	
maining warress NEAT BE A TOST OF FICE BOA		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the nev
New Registered Office Address:	Enter Florida street address	
•	, Florida	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			Remove
			☐ Change
·			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add Add Add Add Add Add Add Add Ad
			Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

E. Effective date, if other than the date of filing: 10/17/2016 (optional) (if an effective date is listed, the date must be specific and cannot be price to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filled. Dated 10/17/2016 Signature of a membra or authorized sequestrative of a membra. Signature of a membra of signee.		ı ·			
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Johannan Seriano		Signature of a member or aut	horized representative of a member		
Typed or printed name of signee		Jonathan Serrano		(C)	1 497. 140 217.4
		Typed or prin	nted name of signee	To the second se	

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Filing Fee: \$25.00