L22000153201

| (Requestor's Name) | |
|---|-----------|
| (Address) | 500439 |
| (Address) | 000400 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 11/18/240 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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| | egistration Se vivision of Cor | | | |
|-------------|-----------------------------------|--|---|---|
| SUBJECT | | ory CrossFit Afterburn, LLC | | |
| SUBJECT | · | Name of Lim | ited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | ırn all correspo | ndence concerning this matter | to the following: | |
| | | Maci M Lowery | | |
| | | | Name of Person | |
| | | | Firm/Company | <u> </u> |
| | | 2629 Waverly Barn Rd. St | te 135-136 | |
| | | | Address | |
| | | Davenport, Fl. 33897 | | |
| | | | City/State and Zip Code | |
| | | afterbum@crossfitsweatfac | • | <u>.</u> |
| For further | r information c | E-mail address: (oncerning this matter, please c | to be used for future annual report no all: | tification) |
| Maci M L | owery | | 321 662-8363 | |
| | Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclosed i | s a check for th | ne following amount: | | |
| ■ \$25.00 |) Filing Fee | S30.00 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) |
| | failing Addres | | <u>Street Address:</u> Registration S | ection |
| | Division of C | | Division of Co | |
| P | O. Box 632 | 7 | The Centre of | Tallahassee |
| Т | 'allahassee, I | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | | • • |
|---|--|---------------------------|
| Sweat Factory CrossFit Afterburn, LLC | | |
| (Name of the Limited Liability (A Florida) | Company as it now appears on our records.) imited Liability Company) | • |
| (********* | , , , , , , , , , , , , , , , , , , , | ,. - • |
| he Articles of Organization for this Limited Liability Cor | mpany were filed on 03/30/2022 | and assigned |
| lorida document number 1.22000153801 | · | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limite | ed liability company here: | |
| Sweat Factory Afterburn, LLC | | |
| he new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| | | |
| <u>Principal office address MUST BE A STREET ADDRE</u> | <u> </u> | |
| | | |
| | | |
| Inter new mailing address, if applicable: | | |
| | | |
| Mailing address MAY BE A POST OFFICE BOX) | | · |
| | | |
| | | |
| 3. If amending the registered agent and/or registered of | office address on our records, <u>enter the</u> | name of the new register |
| gent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Pt. 23 | _ |
| | , Florid | a |

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 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

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 |
|--------------|---------------|-------------------------------|-----------------|
| SEC | Jennifer Rice | 703 Lakeshore Blvd | □ Add |
| | | Howey in the Hills, Fl. 34737 | ■ Remove |
| | | | □Change |
| SEC | Rudolf Rice | 703 Lakeshore Blvd | □ Add |
| | | Howey in the Hills, Fl. 34737 | ■ Remove |
| | | | Change |
| <u></u> | | | |
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| fective date, if other than the dan effective date is listed, the date must to ote: If the date inserted in this block cument's effective date on the Depresent specifies a delayed effective is filed. | be specific and cannot be priotick does not meet the applicantment of State's records | r to date of filing or more that cable statutory filing reques. | uirements, this date w | vill not be listed as |
| | 2024 | | | |
| ated November 12 | . 2024 | · | | |
| / , | May Can | 1 H 17 1/1/1/ | 1 | |
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| | ignature of a member of aut | portzed representative of a pr | icmber | 2624 |

Filing Fee: \$25.00