

8/9/2017

Division of Corporations

LD300020550

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MELAND RUSSIN & BUDWICK, P.A.
Account Number : 120240000113
Phone : (305)358-6363
Fax Number : (305)358-1221

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cramos@melandrussin.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CROWN LINEN, LLC

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DIVISION OF CORPORATIONS

17 AUG -9 AM 9:30

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

O. SIMMONS
AUG 10 2017

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CROWN LINEN, 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 June 6, 2003 and assigned
Florida document number L03000020550

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

200 S. Biscayne Blvd., Suite 3200

Enter Florida street address

Miami

City

Florida 33131

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 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>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

DIVISION OF COURT CLERK
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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DIVISION OF COURT REPORTERS

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (1)(b)

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 filed.

Dated August 9, 2017

August 9 2017

[Signature]

Signature of a member of authorized personnel

MARK S. MELAND

Typed or printed name of signer