

105000057776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

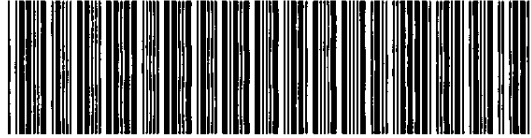
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/18--01014--006 **25.00

18 MAR 22 PM 3:51

J. LEGGETT
MAR 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2018

NEAL SCOPPETTUOLO
10150 HIGHLAND MANOR DRIVE, SUITE 253
TAMPA, FL 33619 US

SUBJECT: CRESTLAKE SERVICES, LLC
Ref. Number: L05000057776

We have received your document for CRESTLAKE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 518A00004197

RECEIVED
2018 MAR 23 AM 11:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRESTLAKE SERVICES, 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:

NEAL SCOPPETTUOLO

Name of Person

CRESTLAKE SERVICES LLC

Firm/Company

10150 HIGHLAND MANOR DRIVE, SUITE 253

Address

TAMPA, FL 33619

City/State and Zip Code

COURTNEY@GONEGRENE.COM

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

For further information concerning this matter, please call:

COURTNEY JONES

813 525-9095
at ()

Name of Person

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

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

CRESTLAKE SERVICES, 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 06/10/2005 and assigned Florida document number L05000057776.

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.L.C."

Enter new principal offices address, if applicable: 10150 HIGHLAND MANOR DRIVE
SUITE 253
TAMPA, FL 33619
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 10150 HIGHLAND MANOR DRIVE
SUITE 253
TAMPA, FL 33619
(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 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> |
|--------------|------------------|-----------------------------|--|
| MGR | CLARENCE PEARSON | 275 JOHN KNOX RD. UNIT U105 | <input checked="" type="checkbox"/> Add |
| | | TALLAHASSEE FL 32303 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JOHN JOHNS | 3614 62nd ST. E | <input type="checkbox"/> Add |
| | | BRADENTON FL 34208 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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

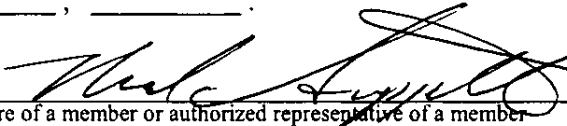
Multiple horizontal lines for amending information.

18 FEB 22 PM 3:51
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STATE OF NEW YORK
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: FEBRUARY 1, 2018 (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 (3)(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 FEBRUARY 27, 2018



Signature of a member or authorized representative of a member

NEAL SCOPPETTUOLO

Typed or printed name of signee