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SECRETARY OF STATE ALLAHASSEE, FLORIDA

AUG 2 5 2018 T SCHROEDER

COVER LETTER

	gistration Sect ision of Corpo			•
CHD IECT.	CRESTLAK	E SERVICES, LLC	, ,	
SUBJECT:		Name of Limi	ted Liability Company	
		mendment and fee(s) are sub-	_	
		NEAL SCOPPETTUOLO)	
			Name of Person	
		CRESTLAKE SERVICES	S, LLC	
			Firm/Company	<u> </u>
		10150 HIGHLAND MAN	OR DR., STE 200	
			Address	
		TAMPA, FL 33619		
			City/State and Zip Code	
		COURTNEY@GONEGRI	ENE.COM o be used for future annual report notific	ations
E Cal	<i>r</i>			attoriy
For further ii	ntormation con	cerning this matter, please ca	ill:	
NEAL SCO	PPETTUOLO)	813 820-1234 at ()	
	Name of F	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

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į	(Name of the Limited I	Liability	Company	as it now appears on	our records.)
	(A	Florida	imited Lia	nility Company)	

	A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Lia	ability Company	were filed on	aı	nd ass	igned
Florida document number L05000057776	,				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
CRESTLAKE SERVICES, LLC					
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviati	ion "L.	L.C."
Enter new principal offices address, if applicable:		10150 HIGHLAND MANOR DR.	1 <u>V</u> 1	<u> </u>	
(Principal office address MUST BE A STREE)	(ADDRESS)	STE. 200		ΑU	-
		TAMPA, FL 33619	:\\ \\ \\	G 2	
Enter new mailing address, if applicable:		10150 HIGHLAND MANOR DR.	SEE, FI	PM	
(Mailing address MAY BE A POST OFFICE E	3 <i>OX</i>)	STE. 200	OR OR	<u>အ</u> 2	
		TAMPA, FL 33619	E A	Ł	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:		<u>e</u> :	er the n	ame_	of the ne
· · · · · ·	10150 UICUI	AND MANOR DR., STE 200			
New Registered Office Address:		Enter Florida street uddress			
	TAMPA	, Florida	33619		
		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>	Type of Action
MGR	NEAL SCOPPETTUOLO	10150 HIGHLAND MANOR DR , STE 200	■ Add
		TAMPA, FL 33619	□ Remove
			Change
MGR	LEE HUELLE	157 ATHENIAN WAY	
		TARPON SPRINGS, FL 34689	■ Remove
			Change
		<u></u>	
		LARASS.	Remove
		HASSEL FLORIDA	Charles
		TE E	⊋ _□ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00