

LOS0000577 76

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

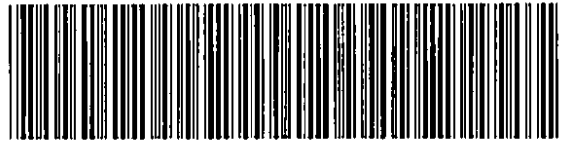
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200317884312

08/30/18--01015--014 **25.00

RECEIVED
DEPARTMENT OF STATE
10 AUG 30 PM 2:35

2018 AUG 30 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. MULLIGAN

AUG 30 2018

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:

Clarence Pearson

Name of Person

C Pearson Builders LLC

Firm/Company

275 John Knox road apt U105

Address

Tallahassee, FL 32303

City/State and Zip Code

Clarencelepe@yahoo.com

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

For further information concerning this matter, please call:

Clarence Pearson

850 405-2787
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

FILED
2016 AUG 30 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 6/10/2005 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:

C Pearson Builders LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

275 John Knox road apt U105

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32303

Enter new mailing address, if applicable:

275 John Knox road apt U105

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee, FL 32303

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:

Tiffinie Larkins

New Registered Office Address:

275 John Knox road apt U105

Enter Florida street address

Tallahassee

City

Florida

32303

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.

Tiffinie Larkins

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	Neal Scoppettuolo	4333 Scheval blvd Lutz, Fl 33558	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Neal Scoppettuolo	8509 Kings Rail way	<input type="checkbox"/> Add
		Tampa, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lee Huelle	157 Athenian way	<input checked="" type="checkbox"/> Add
		Tarpon Springs, FL 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Clarence Pearson is to remain a manager of the new entity.

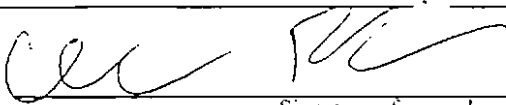
E. Effective date, if other than the date of filing: 8/30/2018 **(optional)**

(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 August 30th 2018



Signature of a member or authorized representative of a member

Clarence Pearson

Typed or printed name of signee

2018 AUG 30 PM 2:52
 SECRETARY OF STATE
 MASSHSE010000

11.611