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(Re	equestor's Name)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	





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JAN O 4 7000 J. HARRIS

COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Crane Ente	inted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_Christopha	Name of Person	
	Crane En	Firm/Company	
	<u> 1909 Faulk</u>	Drive	
		Address	
٠	Tallahasser	FL 32303 City/State and Zip Code	
	,	City/State and Zip Code	
	<u>Cranzentera</u>	orises a gmail. Co	M Gartina)
For further information c	oncerning this matter, please co		neation)
Christopher Name o	L. Crane	at (<u>\$\$50</u>) 251 - 9 Area Code Daytin	25'79
	. ,	Alea Code Dayling	receptione surface
Enclosed is a check for the	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)

MAILING ADDRESS:

1

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**

Crane Enterprises LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appear's on our records.) sany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\underline{40600038543}$.	on <u>04/13/2006</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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:	65 ©1 34
(Principal office address MUST BE A STREET ADDRESS)	
	# 1 (T)
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u>™</u>
	visi — visi
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ss on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	
New Registered Office Address:	
Ente	r Florida street address
	, Florida
City New Registered Agent's Signature if changing Registered Agent:	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Michael Roy Tate	1163 Gum Trail lot 9 Tallahussee F232304	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Filing Fee: \$25.00