

LO60000 38543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

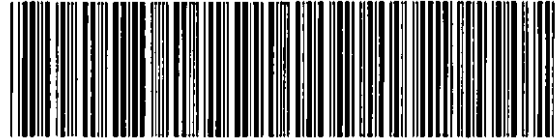
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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TALLAHASSEE, FLORIDA  
STATE

JAN 04 2018  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Crane Enterprises 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:

Christopher Lewis Crane  
Name of Person

Crane Enterprises, LLC  
Firm/Company

1909 Faulk Drive  
Address

Tallahassee, FL 32303  
City/State and Zip Code

craneenterprises@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher L. Crane at (850) 251-9579  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Crane Enterprises LLC

Page 1 of 3

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>                   |
|--------------|------------------|----------------------------------------------|-----------------------------------------|
| AMBR         | Michael Roy Tate | 1163 Gum Trail lot 9<br>Tallahassee FL 32304 | <input checked="" type="checkbox"/> Add |
|              |                  |                                              | <input type="checkbox"/> Remove         |
|              |                  |                                              | <input type="checkbox"/> Change         |
|              |                  |                                              | <input type="checkbox"/> Add            |
|              |                  |                                              | <input type="checkbox"/> Remove         |
|              |                  |                                              | <input type="checkbox"/> Change         |
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