

LO8000078270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

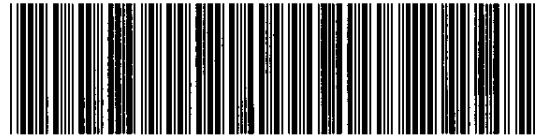
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 2 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CROWN + FAMILY, 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:

Carlos Velez
(Name of Person)

CROWN + FAMILY, LLC.
(Firm/Company)

17B Emerald Lane
(Address)

Palm Coast, FL 32164
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Velez at (386) 864-9558
(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

CROWN + FAMILY, 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 Aug 14, 2008 and assigned
Florida document number L08000078270

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STATE ARCHIVES

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

604-8- E-MOODY BLVD
BUNNBL FL 32180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17-B - EMERALD LN
PAUM COAST FL 32164

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:

CARLOS VELAZ

New Registered Office Address:

17-B - EMERALD LN -

(Enter Florida street address)

PAUM COAST
(City)

Florida

32164

(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 608, 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.

Carlos Velaz
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRESIDENT</u>	<u>IMTIAZ A CROWN</u>	<u>45-ROUND TOWN DR PALM COAST FL 32164</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>V-PRESIDENT</u>	<u>MOAZZAM IMTIAZ</u>	<u>45-ROUND TOWN DR PALM COAST FL 32164</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TREASURER</u>	<u>MOAIZ IMTIAZ</u>	<u>45-ROUND TOWN DR PALM COAST FL 32164</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PR</u>	<u>Carlos Velez</u>	<u>17B. Emerald Lane PALM COAST, FL 32164</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V.P</u>	<u>Nydia Velez</u>	<u>17B Emerald Lane PALM COAST, FL 32164</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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FILED

Dated _____,

Carlos Velez
Signature of a member or authorized representative of a member
Carlos Velez
Typed or printed name of signee