

L13000046913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

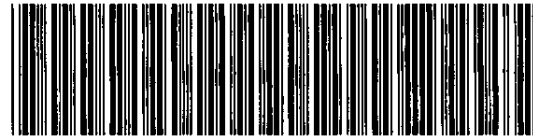
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



400254225084

12/02/13--01004--015 **25.00

FILED

13 DEC -2 PM 2:27

CLERK OF STATE
TALLAHASSEE, FLORIDA

~~3-2013-022~~ 4 2013

P

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crane Clean 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:

Gary M. Carman, Esq.
Name of Person

Gray Robinson, PA
Firm/Company

1221 Brickell Ave. Suite 1600
Address

Miami, FL 33131
City/State and Zip Code

gary.carman@gray-robinson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary M. Carman, Esq. at (305) 416-6880
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

CraveClean, LLC

Page 1 of 3

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

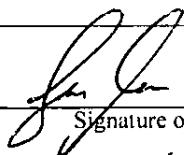
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
13 DEC -4
PM 4:27
TALLAHASSEE, FLORIDA

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

Dated 11/25/13



Signature of a member or authorized representative of a member

Gabriella Morello

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00