

L17000222827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

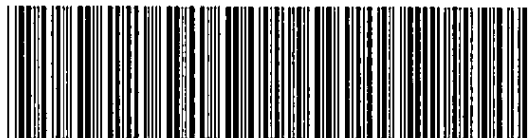
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17 DEC -1, AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1951 Crystal Lake LLC, a Florida limited liability company.

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:

Berry J. Walker, Jr., Esquire

Name of Person

Walker & Tudhope, P.A.

Firm/Company

225 South Westmonte Drive, Suite 2040

Address

Altamonte Springs, FL 32714

City/State and Zip Code

berryw@walkerandtudhope.com

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

For further information concerning this matter, please call:

Berry J. Walker, Jr.

407 478-1866

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**

1951 Crystal Lake 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 October 26, 2017 and assigned Florida document number L17000222827.

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 contain 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)

5301 Jade Circle

Belle Isle, FL 32812

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5301 Jade Circle

Belle Isle, FL 32812

SEAL OF THE STATE OF FLORIDA
 17 DEC -4 AM 9:45
 FALL ANNUAL MEETING

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:

Garry Goldfarb

New Registered Office Address:

5301 Jade Circle

Enter Florida street address

Belle Isle

City

Florida 32812

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.



 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	Garry Goldfarb	5301 Jade Circle	<input checked="" type="checkbox"/> Add
		Belle Isle, FL 32812	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Renee Goldfarb	5301 Jade Circle	<input checked="" type="checkbox"/> Add
		Belle Isle, FL 32812	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Land Trustee LLC	496 Delaney Ave. Suite 408	<input type="checkbox"/> Add
		Orlando, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gary Goldfarb	5301 Jade Circle	<input checked="" type="checkbox"/> Add
		Belle Isle, FL 32812	<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.)

Multiple horizontal lines for amending information.

17 DEC -11 AM 9:45

SECRETARY OF STATE
FALLAH ASSERFI, L.L.M.

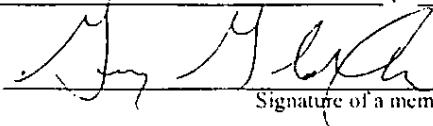
E. Effective date, if other than the date of filing: November 30, 2017 (optional)

(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 November 30 2017



Signature of a member or authorized representative of a member

Garry Goldfarb

Typed or printed name of signee