

L18000186909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

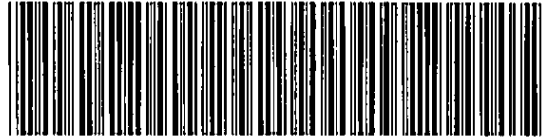
(Business Entity Name)

(Document Number)

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09/24/20--01024--016 **25.00

DEPARTMENT OF STATE
OFFICE OF CORPORATE AFFAIRS
CORPORATE SERVICES DIVISION

2020 SEP 24 PM 6:38

FILED

OCT 30 2020

S. YOUNG



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September 23, 2020

Via FedEx

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Ste. 810
Tallahassee, FL 32303

RE: Articles of Organization Amendments

Dear Sir or Madam:

Enclosed please find the following amendments for your handling:

- CR SARE LLC with requisite \$25.00 filing fee;
- LONGITUDELE420, LLC with requisite \$25.00 filing fee;
- LKL ACQUISITIONS, LLC with requisite \$25.00 filing fee;
- DJL 3 ENTERPRISES, LLC with requisite \$25.00 filing fee;
- CFLMTD1 LLC with requisite \$25.00 filing fee;
- KLRE, LLC with requisite \$25.00 filing fee; and
- DAVID J. LONG HOLDINGS, LLC with requisite \$25.00 filing fee.

Please do not hesitate to contact me with questions or in the event you need anything further.

Very truly yours,

A handwritten signature in black ink that reads 'Angela Villanueva'.

Angela Villanueva

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CR SARE, 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:

Angela Villanueva
Name of Person
Nelson Mullins Broad and Cassel
Firm/Company
1905 NW Corporate Blvd., Ste. 310
Address
Boca Raton, FL 33431
City/State and Zip Code
jbohl@grassicpas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Villanueva at () 561 218-6902
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CR SARE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 SEP 24 PM 6:38
STATE OF FLORIDA
CLERK OF COUNTY COMMISSIONERS
DALLAS COUNTY

The Articles of Organization for this Limited Liability Company were filed on 8/3/2018 and assigned
Florida document number L18000186909.

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)

25 JOHNSON AVENUE
RONKONKOMA, NY 11779

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

25 JOHNSON AVENUE
RONKONKOMA, NY 11779

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:

New Registered Office Address:

6000 BROKEN SOUND PARKWAY NW., STE. 200

Enter Florida street address

BOCA RATON

City

Florida 33487

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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