L24000093579

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co	ection rporations					
	emicals LLC					
SUBJECT:Name of Limited Liability Company						
	CA	tu. 10 out				
	f Amendment and fee(s) are sub	-				
Please return all corresp	ondence concerning this matter	to the following:				
	Juan Morel					
		Name of Person				
	Crown Chemicals LLC					
		Firm/Company				
	2333 Brickell Avenue Sui	te D1				
		Address				
	Miami, FL, 33129					
		City/State and Zip Code				
	vimato65@hotmail.com E-mail address: (to be used for future annual report noti	(fication)			
For further information of	concerning this matter, please c	·				
Juan Morel	·	305 4792117				
Name of Person		at ()	ne Telephone Number			
Enclosed is a check for t	the following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre		Street Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED Crown Chemicals LLC (Name of the Limited Liability Company as it now appears on the Company) 4110: 43 The Articles of Organization for this Limited Liability Company were filed on $\frac{02/22/2024}{1}$ and assigned Florida document number ____L24000093579 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address ____, Florida ___

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>	Address	Type of Action
MGR	Luis Frank	2333 Brickell Avenue Suite D1	= Add
		Miami, FL, 33129	□Remove
			□Change
MGR	Maria Gabriela Morel	2333 Brickell Avenue, Suite D1	= Add
		Miami, FL. 33129	□Remove
		·	□Change
			□ Add
			Remove
			□Change
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(If an eff Note:	ve date, if other than the date of filing:
ne recor ord is fi	d 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 ed.
Datad	05/08/2024
izaicu	- + 1 M



May 7, 2024

JUAN MOREL 2333 BRICKELL AVENUE SUITE D1 MIAMI, FL 33129

SUBJECT: CROWN CHEMICALS LLC

Ref. Number: L24000093579

We have received your document for CROWN CHEMICALS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 924A00009897

DEAL: ATTACHED YOU WILL TIND THE NEW FORM.
THANKS.

