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(Re	equestor's Name)	,	
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

SI	CRISTALO	LEAR MONTECITO HOMES	SLLC	
		Name of Limi	ited Liability Company	
Th	ne enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Ple	ease return all correspo	ndence concerning this matter	to the following:	
	•	STEVEN CARUSO		
			Name of Person	,
		MILLER & CARUSO, LL	С	
			Firm/Company	· ···
		486 N HARBOR CITY BL	VD	
			Address	
		MELBOURNE, FL 32935		
		SSCARUSO@MSN.COM	City/State and Zip Code	
		E-mail address: (I	to be used for future annual report noti	fication)
Fo	r further information c	oncerning this matter, please ca	र्वाः	
SI	EVEN CARUSO		321 2597704 at ()	
_	Name o	f Person		e Telephone Number
Еп	iclosed is a check for th	ne 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

CRISTALCLEAR MONTECITO HOMES LLC

(Name of the Limited Liability Compa (A Florida Limited i	ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number	were filed on APTIL 28, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	168 REDONDO DR	
(Principal office address MUST BE A STREET ADDRESS)	SATELLITE BEACH, FL 32937	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:		he name of the new
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i address, I hereby confirm that the lim	milior with and if this document is ited liability
If Cha	nging Registered Agent, Signature of New Reg	istered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	CRISTALCLEAR PARTNERS LTD	TRIDENT CHAMBERS, PO BOX	■ Add
		146, ROAD TOWN, TORTOLA	□ Remove
		BVI	☐ Change
MGR	CRISTALÇLEAR PARTNERS	170 REDONDO DR.	
		SATELLITE BEACH, FL 32937	55 Remove
			☐ Change
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ffective date, if other	than the date	of filing:		(optional)	
an effective date is listed, t	the date must be spe	ecilic and cannot be prior	o date of filing or more than ble statutory filing requir	90 days after filing.)	Pursuant to 605.0207
ocument's effective date	e on the Departm	nent of State's records.	ore statutory raing requir	ements, this date w	
				جر	; G1 :⊐r
e record specifies a The 90th day after	delayed effe	ctive date, but not	an effective time, a	it 12:01 a.m. o	n the earlier of
The 90th day after	the record is	s mea.		SS 25	to the same
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