## L02000028621

| (Re                                     | equestor's Name)   |             |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | dress)             |             |  |  |
| (Ad                                     | ldress)            |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                                     | isiness Entity Nar | ne)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
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T. HAMPTON

JUN 1 6 2009

**EXAMINER** 

## **COVER LETTER**

| TO: Registration So<br>Division of Cor |  |   |  |  |  |
|--|--|---|--|--|--|
| SUBJECT:                               | C R HO                                     | LDINGS, LLC.  |  |  |  |
|  | Name of Limit                              | ted Liability Company   |  |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub               | mitted for filing.  |  |  |  |
| Please return all correspondent        | ondence concerning this matter             | to the following:   |  |  |  |
|  | RC   | LANDO FERNANDEZ   |  |  |  |
|  |  | Name of Person  |  |  |  |
| C R HOLDINGS, LLC                      |  |   |  |  |  |
| Firm/Company                           |  |   |  |  |  |
| 4460 CARVER ST. # 8                    |  |   |  |  |  |
|  |  | Address   |  |  |  |
|  | WORTH, FLORIDA 33461                       |   |  |  |  |
| City/State and Zip Code                |  |   |  |  |  |
|  | E-mail address: (                          | USAFL@YAHOO.COM to be used for future annual report notifical     | tion)  |  |  |
| For further information                | concerning this matter, please c           | •   |  |  |  |
| ROLAN                                  | DO FERNANDEZ                               |   | 36-6351  |  |  |
| Name (                                 | of Person                                  | Area Code & Daytime T   | elephone Number  |  |  |
| Enclosed is a check for                | the following amount:                      |   |  |  |  |
| <b>₹25.00 Filing Fee</b>               | \$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

|   | DLDINGS ,LLC  |  |                  |                  |
|---|---|--|------------------|------------------|
| (Name of the Limited Liability C<br>(A Florida Lin  | company as it now appea<br>nited Liability Company) | rs on our records.)                      |                  |                  |
| The Articles of Organization for this Limited Liability Cor   | npany were filed on                                 | 10-28-2002                               | and assigne      | d                |
| Florida document number L02000028621  | •   |  |                  |                  |
| This amendment is submitted to amend the following:   |   |  |                  |                  |
| A. If amending name, enter the new name of the limite   | d liability company he                              | re:                                      |                  |                  |
| The new name must be distinguishable and end with the words "L.L.C."  | "Limited Liability Comp                             | any," the designation "L                 | LC" or the abbre | viation          |
| Enter new principal offices address, if applicable:   |   |  |                  |                  |
| (Principal office address MUST BE A STREET ADDRE  | <u>(SS)</u>   |  |                  |                  |
|   | 4   |  |                  | SE               |
|   |   |  | Ę                | 記記               |
| Enter new mailing address, if applicable:   |   |  | <br>             | 유로<br>- 유로       |
| (Mailing address MAY BE A POST OFFICE BOX)  | <u></u>   |  | ·                | CRETARY OF STATE |
|   |   |  | <u>۔۔</u><br>پی  | <u> </u> 물일      |
|   |   |  | 0                | 35               |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addre | red office address on                               | our r <del>e</del> cords, <u>enter t</u> | he name of th    | e frew           |
| registered agent and/or the new registered brince addit   | as acre.  |  |                  |                  |
| Name of New Registered Agent:   |   |  |                  | <del></del>      |
| New Registered Office Address:  |   |  |                  |                  |
|   | Enter Florida street address                        |  |                  |                  |
|   | - <u> </u>  | , Florida                                |                  |                  |
|   | Citv  |  | 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 608, 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 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 Type of Action Title <u>Name</u> Address MGRM CLARA W. FERNANDEZ 4460 CARVER ST # 8 √ Add LAKE WORTH FL 33461 Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 10 2009 Dated . Signature of a member or authorized representative of a member **ROLANDO FERNANDEZ** 

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00