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(Requestor's Name)	
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Crescent Beach	Grocery, LLC
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Sean and	Tana Anderson Name of Person
_Crescent	Beach Grocery Firm/Company
lall old St	tickney Pt. Rd. 23
Sarasota,	FL 34242
crescent)	City/State and Zip Code  Deach market Camail. Com  (to be used for future annual report horification)
For further information concerning this matter, please of	
Sean Anderson Name of Person	at ( <u>AU9</u> ) 7100-5152 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 & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	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

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crescent Bed	ACH CYOCENU, aited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)		
The Articles of Organization for this Limited I	Liability Company were file	- 4	2 and ass	signed
This amendment is submitted to amend the fol				
A. If amending name, enter the new name	of the limited liability com	pany here:		
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or		.L.C."
Enter new principal offices address, if appli	cable:		22 S	<u></u>
(Principal office address MUST BE A STRE.	ET ADDRESS)		<u>(1)</u>	5
			20	
	,		ř	
Enter new mailing address, if applicable:			9: 1	#* 발달
(Mailing address MAY BE A POST OFFICE	= = = = = = = = = = = = = = = = = = =		7	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address o	n our records, enter the	name of the nev	w registered
Name of New Registered Agent:		NOERSON		
New Registered Office Address:	1211 010	STICKNEY P Enter Florida street address	DINT RO.	<del></del>
	SARASOTA	, Floric	1a 34242 Zip Code	·
Nous Degistered Asset's Cianatus of shanning			,	

## 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	Nancy D. Connelly	1211 old Stickney Pt Rd	□ Add
	-	Sarasota, FL 34242	XRemove
			□Change
MGR	Sean Anderson	1211 old Stickney Pt Rd	XAdd
		Sarasota, FL 34242	□Remove
			Change
MGR	Tana Anderson	1211 old Stickney Pt Po	L XAdd
		Sarasota, FL 34242	□ Remove
		<del></del>	🗆 Change
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ctiv	e date, if other than the date of filing:	
effec	tive 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis	
	t's effective date on the Department of State's records.	icu .
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er th
s file	i.	
	010100	
	Tana Anderson  Tana Anderson  Typed or printed name of signer	
ed _		
ed _	Taha ha ha ha na	

Filing Fee: \$25.00