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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER *

TO: Registration Sec Division of Corp			
SUBJECT:	ollywood (Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CI	Mame of Person	
	Hollywo	od Crown U	<u></u>
		• •	
	2673	S Puril Lare Address	
	Pembro	Ke Park, Fr	33005
	tonyr Q E-mail address: (City/State and Zip Code S TVAL 14. Co M to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Erm LA	12	at (954) 964 Area Code Dayting	-3064
Name o	Person	Area Code Dayrimo	: Telephone Number
Enclosed is a check for the	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 chelosed)

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

Hollywood Crox	in LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w	rere filed on 10/7/2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	SECRETARY FAULAHASSE 18 MAR 22
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered offi	PH C: 22
registered agent and/or the new registered office address here:	ce address on our records, enter the name of safe new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City 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>	Address	Type of Action
AMBR	Ness One LLC	2673 5 Packlane Pembroke Pask, Fizza	Add
		Pembroke Pask, First	NS Remove
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n effective date is liste te: If the date inse	er than the date of filing:	the applicable statutory	(options) or more than 90 days after the filing requirements, this	filing.) Pursuant to 605	i.020 cd a
record specifies The 90th day af	a delayed effective date er the record is filed.	, but not an effecti	ve time, at 12:01 a.	.m. on the earlie	ero
ted>	115/2018	-f/1			
		\mathcal{U}/\mathcal{A}	tative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00