

LD4000005109

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(Address)

(Address)

(City/State/Zip/Phone #)

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07/22/09 01028-011 **30.00

FILED
09 JUL 22 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O. [signature] JUL 23 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Crystal Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel J Cohen

Name of Person

The Crystal Group, LLC

Firm/Company

216 Townsend Drive

Address

Clayton, NC 27527

City/State and Zip Code

dan@thecrystalgroupllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel J Cohen

Name of Person

at (919)

359-2432 Ext: 103

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 &
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

FILED

09 JUL 22 AM 11:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Crystal Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 20, 2004 and assigned
Florida document number L04000005109.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

480 South East Evergreen Terrace

Port St Lucie, FL 34983

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:

Daniel J Cohen

New Registered Office Address:

480 South East Evergreen Terrace

Enter Florida street address

Port St. Lucie

, Florida

34983

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.

 CEO
If Changing Registered Agent, Signature of New Registered Agent

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:

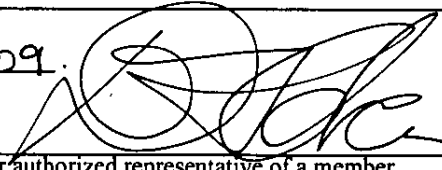
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Randy Gavitt	480 South East Evergreen Terrace Port St Lucie, FL 34983	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Alan Wantroba	6094 Oak Bluff Way Lake Worth, FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

FILED
 00 JUL 22 AM 11:00
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Dated July 21, 2009. 

 Signature of a member or authorized representative of a member
DANIEL J CATEN

 Typed or printed name of signee