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**B FIGUEROA** FEB 27 2018

## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:	CROJE LL	C	. <u></u>
	Name of Limite	d Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are submi	itted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Joseph F	Name of Person	
	CROK	Firm/Company	
	6211 65th Pla	are EAST, PAlmetto	), F/.3422/
	PAlmetto, Fl	. 3422 1 City/State and Zip Code	
	E-mail address: (to	be used for future annual report notificat	ion)
For further information con-	cerning this matter, please call	:	
Joseph P. TR Name of P	INKA US	at (727) 244-3 Area Code Daytime Te	196 Elephone 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

(Name of the Limited Liability Company (A Florida Limited Lia	y <mark>as it now appear</mark> ibility Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company w Florida document number $L-0400009888$	ere filed on	3/9/17	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the de	esignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<del></del>	
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 here:  Name of New Registered Agent:	ce address on	our records, <u>ente</u>	r the name of the new	
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	Ciţ		Elp Cride	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of ovided for in C	my duties, and Lan Thapter 605, F.S. O	n familiar <b>wi</b> th d <b>ydd</b> r, if this docyme <b>g y y</b>	

If Changing Registered Agent, Signature of New Registered Agent

MGR = 'M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MMBR	ENWARD KARABIN	6211 65th Place EAST PAIMEHO, Fl. 34221	Mad
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Filing Fee: \$25.00