Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

From:

Account Name : THE TAX COMPANY, LLC

Account Number : I20070000061

Phone

: (954)725-0900

Fax Number

: (954)678-4770

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CROWN REALTY GROUP & ASSOCIATES LLC

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Corporate Filing Menu

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M. THOMAS

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EXAMINER

TO:

Registration Section

COVER LETTER

Division of Corp	porations					
SUBJECT: CF	ROWN REALTY GF	ROUP & ASSOCIATES LLC				
		ited Liability Company)	-			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
,						
		CASSIO RAFFA				
		(Name of Person)				
	CROWN REALTY GROUP & ASSOCIATES LLC					
		(Firm/Company)				
	481 E. H	HILLSBORO BLVD. STE. 200				
		(Address)				
	nec	RFIELD BEACH, FL 33441				
	DEC	(City/State and Zip Code)				
	,					
For further information co	oncerning this matter, please o	all:	25 SE			
SELOMITE I	MEDEIROS	954 725-0900				
	of Person)	(Area Code & Daytime Telephone Numbe	न हुँही । न			
Enclosed is a check for th	e following amount:		LOST W B			
2 \$25.00 Filing Fee	□\$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status & G7			

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

	TY GROUP & ASSOCIATES			
(Name of the Limited Liabii (A Florid	ty Company as it now appear a Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	06/15/2004	and assigned	
Florida document numberL04000045020	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	uited liability company here	;		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI				
Enter new mailing address, if applicable:	-		SEC. 39.	
(Mailing address MAY BE A POST OFFICE BOX)			-	
			·····································	i i
B. If amending the registered agent and/or registered agent and/or the new registered office ad	stered office address on or dress here:	ur records, <u>enter ti</u>	te name of the new	i i
Name of New Registered Agent:		CASSIO RAFFA		
New Remistered Office Address:	4055 NW 62ND DR			
	(Enter Florida street address)			
	COCONUT CREEK	, Florida	33073	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Register	ed Agent;			
I haveby a served the served served served served served		re of an al		

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.

eff Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
MGRM_	CASSIO S RAFFA	4055 NW62ND DR COCONUT CREEK FL 33073	Add Remove
MGRM	JOSEPH VASCONCELOS JR	12668 LITTLE PALM LN BOCA RATON, FL 33428	Add Remove
MGRM_	YEDA L NUNES	481 E. HILLSBORO HLVD. DEERFIELD BEACH, FL 33441	Add Remove
MGRM	RAFFA HOLDINGS CORP	481 E. HILLSBORO BLVD, STE, 200 DEERFIEL BEACH, FL 33441	Add Remove
			SECRETIVE Y OF PALLAHASSIST OF
			STAR OF
D. If amen	ding any other information, enter chan	gc(s) here: (Attach additional sheets, if necessa	ry.)
Dated	NOVEMBER 07 , 20	08	
		cer or authorized representative of a member	
	Турс	ed or printed name of signee Page 2 of 2	
		Filing Fee: \$25.00	

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