

FROM

(MON) DEC 15 2008 10:35/ST. 10:35/No. 6818525789 P 1

**L04000045020**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : THE TAX COMPANY, LLC  
Account Number : I20070000061  
Phone : (954) 725-0900  
Fax Number : (954) 678-4770

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 15 AM 10:10

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**CROWN REALTY GROUP & ASSOCIATES LLC**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**G. MCLEOD**

DEC 16 2008

**EXAMINER**

FROM

(MON) DEC 15 2008 10:35/ST. 10:35/No. 6818525789 P 2

(((H08000270967 3)))

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CROWN REALTY GROUP & ASSOCIATES 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:

**CASSIO RAFFA**

(Name of Person)

**CROWN REALTY GROUP & ASSOCIATES LLC**

(Firm/Company)

**481 E. HILLSBORO BLVD. STE. 200-B**

(Address)

**DEERFIELD BEACH, FL 33441**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Selomite Medeiros**

(Name of Person)

at ( 954 ) 725-0900

(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

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FROM

(MON) DEC 15 2008 10:35/ST. 10:35/No. 6818525789 P 3

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CROWN REALTY GROUP & ASSOCIATES 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 06/15/2004 and assigned  
Florida document number L04000045020.

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)**

**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:**

**New Registered Office Address:**

**(Enter Florida street address)**

**(City)**, **Florida** **(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, 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)**

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FROM

(MON) DEC 15 2008 10:36/ST. 10:35/No. 6818525789 P 4  
(((H08000270967 3)))

**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>
MGRM	YEDA NUNES LIMA	481 E. HILLSBORO BLVD. STE. 200-B DEERFIELD BEACH, FL 33441	<input checked="" 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
			<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.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated DECEMBER 10, 2008

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CASSIO RAFFA  
\_\_\_\_\_  
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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