

LD5000092547

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ssaiontz@banyanstreet.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CRIMSON IBIS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
12 OCT 24 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

C. LEWIS
OCT 25 2012
Help EXAMINER

GreenspoonMarder

ATTORNEYS AT LAW

To: Division of Corporations

Company:

Fax: 1-850-617-6383

Phone:

From: Sharon Sandidge

Fax: 954-333-4134

Phone: 954-761-2934

E-mail: sharon.sandidge@gmlaw.com

NOTES:

Date and time of transmission: 10/24/2012 10:37:48 AM

Number of pages including this cover sheet: 4

NOTICE

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H12000256399

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CRIMSON IBIS, LLC

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
2012 OCT 24 AM 8:01

The Articles of Organization for this Limited Liability Company were filed on 9/20/2005 and assigned

Florida document number LC03000092547

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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 office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. 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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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, 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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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	LESLIE SAIONTZ	9515 SW 60TH COURT MIAMI, FL 33156	☒ Add ☐ Remove
N/A			☐ Add ☐ Remove
N/A			☐ Add ☐ Remove
N/A			☐ Add ☐ Remove
N/A			☐ Add ☐ Remove
N/A			☐ Add ☐ Remove

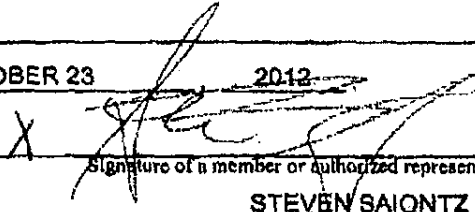
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated

OCTOBER 23

2012


Signature of a member or authorized representative of a member

STEVEN SAIONTZ

Typed or printed name of signer

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