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(F	Requestor's Name)
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## **COVER LETTER**

Division of Cor		•	i.
SUBJECT: CRS Lice	nsing, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Madeline Bardolf		
		Name of Person	
	Patton Compliance		
		Firm Company	
	3122 Mahan Dr. Ste 801	#250	
		Address	
	Tallahassee FL 32308		
		City/State and Zip Code	
	madeline@pattoncomplia E-mail address: (	ince,com to be used for future annual report no	tilication)
For further information c	concerning this matter, please c	utt:	
Madeline Bardolf		at ( <u>850</u> ) <u>294-1928</u> Area Code Dayti	
Name c	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>		Street Address:	nation
Registration Division of C		Registration S Division of Co	
P.O. Box 631	27	The Centre of	Tallahassee
Tallahassee,	PL 52514	2415 N. Monr Tallahassee, F	oe Street, Suite 810 L 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRS Licensing, 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 12/08/2005  Florida document number L05000117389	and assigned
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 contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<b>5</b> 0 <b>5</b>
(Principal office address MUST BE A STREET ADDRESS)	
	6 P
Enter new mailing address, if applicable:	E B
(Mailing address MAY BE A POST OFFICE BOX)	<u>.건물 5</u>
B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:	me of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida sweet address	
, Florida	Zip Code
Спу	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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. O	u familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Madelinel Bardolf	3122 Mahan Dr. Ste 801 #250	Add
		Tallahassee, FL 32308	□Remove
			☐Change
			ON COMPANY OF THE PROPERTY OF
			PA 5 Eladd
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
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lf an effective <u>Note:</u> If the	late, if other the date is listed, the ce date inserted in serted or seffective date or	date must be speci r this block does	itic and canno s not meet th	ne applicabl	late of filing o	or more than 90 Iling requiren	( <b>option</b> ; days after fili ients, this da	ng.) Pursuant	to 605,020 be listed a
	specifies a de h day after th			but not a	n effectiv	e time, at	12:01 a.n	n. on the	earlier (
Dated Dec	ember 23		, 20	19					
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•	After	Signatur	e of a membe	n or authoriz	ed representa	tive of a memb	ct		_

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Filing Fee: \$25.00