

L07000040293

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(Address)

(City/State/Zip/Phone #)

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2009 SEP 28 PM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 29 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Crum Investment Firm 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:

Thomas L. Crum

Name of Person

Crum Investment Firm LLC

Firm/Company

P.O. Box 8089

Address

Jacksonville, FL 32239

City/State and Zip Code

mrcrum@cruminvestmentfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas L. Crum

Name of Person

at (904)

619-6281

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

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

FILED

2009 SEP 28 PM 1:56

Crum Investment Firm LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 13th, 2007 and assigned
Florida document number L07000040293.

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:

5416 Golf Course Dr.

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32239

Enter new mailing address, if applicable:

P.O. Box 8089

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32239

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:

5416 Golf Course Dr.

Enter Florida street address

Jacksonville

Florida

32239

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

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:

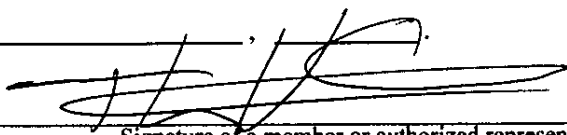
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas L. Crum	5416 Golf Course Dr. Jacksonville, FL 32239	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gennie M. Crum	5416 Golf Course Dr. Jacksonville, FL 32239	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Lewis Marks	4965 River Basin Dr. Jacksonville, FL 32207	<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

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

Dated _____



Signature of a member or authorized representative of a member

THOMAS CRUM

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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2009 SEP 28 PM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA