

LO70000 54651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

must list mgrs as indiv.

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04/17/20--01014--007 \*\*30.00

DATE

TIME

04/17/20 01:01:07

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CR AVENTURAS, 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:

EVETT L. SIMMONS

\_\_\_\_\_  
Name of Person

SIMMONS, FINNEY & WINFIELD, LLC

\_\_\_\_\_  
Firm/Company

145 NW CENTRAL PARK PLAZA, SUITE 115

\_\_\_\_\_  
Address

PORT ST. LUCIE, FL 34986

\_\_\_\_\_  
City/State and Zip Code

esimmons@sfwlegalteam.com

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

For further information concerning this matter, please call:

Evet L. Simmons

772

873-5900

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2020 MAY 16 PM 12:

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2020

EVETT L. SIMMONS  
145 NW CENTRAL PARK PLAZA STE 115  
PORT ST LUCIE, FL 34986

SUBJECT: CR AVENTURAS, LLC  
Ref. Number: L07000054651

We have received your document for CR AVENTURAS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MGR/MBR's must be listed individually-one person per line.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 620A00008904

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CR AVENTURAS, 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 May 22, 2007 and assigned  
Florida document number L07000054651.

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:

**(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:

Event L. Simmons

New Registered Office Address:

145 NW Central Park Plaza, Suite 115

*Enter Florida street address*

Port St. Lucie

*City*

Florida 34986

*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 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 605, 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 Authorized Person(s) authorized to manage, delete the entry, change, or remove from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Torino	374 Walker Rose Lane	<input type="checkbox"/> Add
		Madison, GA 30650	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Theora Webb	7825 Sabal Lake Drive	<input type="checkbox"/> Add
		Port St. Lucie, FL 34986	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Charles Mathews, III	2305 Crestview Drive	<input checked="" type="checkbox"/> Add
		West Linn, OR 97068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Roberta Mathews	2305 Crestview Drive	<input checked="" type="checkbox"/> Add
		West Linn, OR 97068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Louis Becker	3736 Spring Falls Court	<input checked="" type="checkbox"/> Add
		Baltimore, MD 21043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shawn Becker	3736 Spring Falls Court	<input checked="" type="checkbox"/> Add
		Baltimore, MD 21043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**MGR = Manager**  
**AMBR = Authorized Member**


**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	John Gilmore	27 Morning Mist Drive	<input checked="" type="checkbox"/> Add
		Berlin, MD 21811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Margaret Gilmore	27 Morning Mist Drive	<input checked="" type="checkbox"/> Add
		Berlin, MD 21811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mary Claire Torino	374 Walker Rose Lane	<input checked="" type="checkbox"/> Add
		Madison, Ga 30650	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April, 2020

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

Michael F. Torino  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**