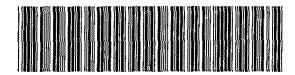
15100061131

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	٦
	l
U-tmond	

Office Use Only



500109195415

09/11/07--01020--004 **25.00

07 SEP 11 P3 1: 45

COVER LETTER

Division of Corp			
SUBJECT:(CRUMBS LLC (Name of Limited Lie		
	(Name of Limited Li	ability Company)	<u></u>
The enclosed Articles of A	mendment and fee(s) are submitted	for filing.	
Please return all correspon	dence concerning this matter to the	following:	
	PATRICIA	ANTONETTI	
_	(Nam	ANTONETTI ne of Person)	
_	(Firm	n/Company)	
	331 N. HEB	RIDES POINT	
_	INVERNESS F	7 34450 e and Zip Code)	
For further information con	ncerning this matter, please call:	er en	
PATRICIA (Name of	ANTONETTI Person)	at (352) - 860 - 2	876 Telephone Number)
(1.12.20		(non cont or buy anic	Telephone (Manuel)
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	Certificate of Status	55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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

4.85% x

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	(Present Name) (A Florida Limited Liability Company)		• •	
FIRST:	The Articles of Organization were filed on <u>JUNE 8 2007</u> and assigned document number <u>LD 760006/131</u> .			
SECOND:	This amendment is submitted to amend the following:			
	REMOVE: PETER JAMES ANTONETTI, MGRM REMOVE: BERNADETTE BORMAN, MGRM			
	ADD: MICHAEL D. ANTONETTI ADD: JOYCE A- COLSTON			
			, we	
			DJ	
Dated	September 8, 2007.	07 SEP 11	SECRE 1	₹ :
	Signature of a member or authorized representative of a member	PH 1: 45	* ************************************	
	Patricia Antonetti Typed or printed name of signee			

Filing Fee: \$25.00