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(Re	questor's Name)	
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COVER LETTER

TO	P: Registration Se Division of Cor	ction porations		
C.		ONTRACTORS, LLC		
SU	BJECT:	Name of Lim	ited Liability Company	
The	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ase return all correspo	ndence concerning this matter	to the following:	
		JOSEPH G. GENEAU		
			Name of Person	
		C.R.E.W. CONTRACTOR	RS, LLC.	
			Firm/Company	,
		1944 E. LYMINGTON W	AY	
			Address	
		ST. AUGUSTINE, FL 320	984	
		-	City/State and Zip Code	
		crew.contractors@yahoo.co		
		E-mail address: (to be used for future annual report notifi	cation)
For	r further information co	oncerning this matter, please ca	all:	
JO	SEPH GENEAU		904 687-3976 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
En	closed is a check for th	ne 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

C.R.E.W. CONTRACTORS, 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 JUNE 11, 2007 __ and assigned Florida document number ______L07000061721 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1944 E. LYMINGTON WAY Enter new mailing address, if applicable: ST. AUGUSTINE, FL 32084 (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: New Registered Office Address: Enter Florida street address

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 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, 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
MGR	CARL ARMIGER	414 D STREET	
		ST. AUGUSTINE, FL 32080	■ Remove
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			SECRETARY OF STATE SECRETARY OF STATE G5 JUNA25 ME II: 00 SECRETARY OF STATE ALL AHASSEE, FLORIDA

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The 9	Oth day after the record	is filed.		
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	JOSEPH GENEAU	7.1	ASSEE	TARY OF CO
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Filing Fee: \$25.00