Florida Department of State

Division of Corporations Public Access System

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Account Number : 120040000178 Phone : (813)225-1040 Fax Number : (813)221-3135 CRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CRESCENT CAPITAL, LLC

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M. THOMAS

AUG - 6 2008

EXAMINER 5/2008

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crescent Capital, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n aur records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on 8/27/20	007	_ and assigned
Florida document number L07000087951			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		88 E
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Company,	"the designation "LL	C" or the approviation
Enter new principal offices address, if applicable:			mo 3
(Principal office address MUST BE A STREET ADDRESS)			ES (
			<u></u>
Enter new malling address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· <u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:		Tr. 11	
	(Enter	r Florida street addr	ess)
		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ti.	•	

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)

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If amouding the Managers or Managing Mambers on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	Address	Type of Action
<u></u>	Ryan McGulnness	P. O. Box 6372 Brandon, FL 33508	Add Remove
_	· · · · · · · · · · · · · · · · · · ·		Add Restove
_			Add Remove
			Add Rompye
,			Add To Remove 6 2
			Add Ressove
.mon	ding any other beformation, enter e	change(s) here: (Attach additional sheets, if necess	ary.)
	ding any other beformation, enter e	change(s) here: (Attach additional shosts, if necess	
	ding any other beformation, enter e	change(s) here: (Attach additional shosts, if necess	
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-		change(s) here: (Attach additional shoets, if necess number of authorized representative of a member **Last Last Common of signer Page 2 of 2	(ary.)

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PAGE 03/03

MGR - Manager