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DIVISION OF CORPORATION

G. MCLEOD FEB 0 7 2008

EXAMINER

COVER LETTER

Root 828

TO: Registration Section Division of Corporations
SUBJECT: Crystal Palms Realty 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:
Paula M. Stone (Name of Person) Crystal Palms Realty LLC (Firm/Company) 7661 Hwy 90 (Address) Sneads, Fl. 32460 (City/State and Zip Code)
For further information concerning this matter, please call: Paula Stone at 850-593-5799 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\$30.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee, Certificate of Status & Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

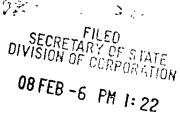
Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Crystal	Palms	Realty	LIC
(Name of the Limited Liability	Company as it now ap	pears on our records.)	
. (A Florida l	Limited Liability Compar	ny)	

The Articles of Organization for this Limited Liability Company were filed on OC+ 2, 2007 and assigned Florida document number L07000100032

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 "LLC."

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:

_	(City)	, Florida(Zip Code)
New Registered Office Address.	(Enter Fl	orida street address)
New Registered Office Address:		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·

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 = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
Mrs.	Paula Stone	7661 Hwy 90 Sneads, FL. 32460	Add
******************			Add Remove
			Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	 -
			_ _
			-
Dated	······································		
	Signature of a member	or authorized representative of a member	**************************************
	Johnny	B, Stone or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00