107-000107-389

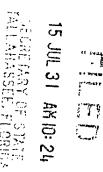
(Re	equestor's Name)	
. (Ac	ddress)	
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(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(Ві	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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July 30, 2015

VIA FEDERAL EXPRESS

Division of Corporation Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Attn: Registration Section

Re: Name Change for Crestmont Capital Acquistions Group, LLC to Crestmont Capital, LLC

File No.: 1246.001

Dear Sir/Madam:

Enclosed please find the Cover Letter and Articles of Amendment to the Articles of Organization and an additional copy for certification in connection with the above-captioned matter. Also enclosed is this firm's trust account check covering the Filing Fees, Certificate of Status/Certified Copy and a return stamped envelope for the certified copy of the Name Change.

Please feel free to contact the undersigned should you have any questions. Thank you.

Very truly yours,

Scott A. Frank, Esquire

SAF/nb enclosures

COVER LETTER

		stration Sec sion of Corp					
SUBJEC	т.	CRESTMON	NT CAPITAL ACQUISITION	NS GROUP,	LLC		
SOBJEC	·1· _		Name of Limi	ited Liability	Company		
The enclo	osed	Articles of A	mendment and fee(s) are sub-	mitted for fil	ing.		
Please ret	turn a	all correspon	dence concerning this matter	to the follow	ing:		
•			Scott A. Frank, Esq.				
				Name	of Person		
			Law Offices of Scott A Fra	ınk, PA			
				Firm/C	Company		.
			5301 N. Federal Highay, Suite 170				
			TRAME	Ado	dress		
			Boca Raton, FL 33487				
				City/State a	nd Zip Code		
			sfrank@saflaw.com				
			E-mail address: (t	to be used for	future annual rep	ort notification)	
For furthe	er int	ormation co	ncerning this matter, please ca	all:			
Scott A. I	Franl	ζ		5(at (826-5	400	
		Name of	Person	· Ar	ea Code	Daytime Teleph	none Number
Enclosed	is a	check for the	following amount:				
\$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & ied Copy onat copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

CRESTMONT CAPITAL ACQUISITIONS GROUP, 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 10/23/2007	and as	signed
Florida document number L07000107389			- 0
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
CRESTMONT CAPITAL, LLC			
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the	abbreviation "I	L.C."
Enter new principal offices address, if applicable:	A		
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi	the state of the s	r the name	
registered agent and/or the new registered office add	<u>lress here</u> :	ASSET	d felf way gas also hade g
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	差 2	
	Florida		
	City	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 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
			Add
			☐ Remove
٠.			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Remove STEP Change STEP CHANGE Change
			Change
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			ID: 2
fective date, if other than the date	of filing:	((optional)
an effective date is listed, the date must be sp		ite of filing or more than 90 days	s after filing.) Pursuant to 605.02
ote: If the date inserted in this block do ocument's effective date on the Departn		statutory filing requirement:	s, this date will not be listed
washed apposition a dalayed off-			01 the
e record specifies a delayed effe The 90th day after the record is		refrective time, at 12:	or a.m. on the earlier
ated July 30	2015		
11eu			
		I representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00