Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: THE TAX COMPANY, LLC Account Name

Account Number : I20070000061 (954)725-0900

Fax Number

: (954)678-4770

AMND/RESTATE/CORRECT OR M/MG RESIGN

CROWN FINANCIAL SERVICES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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JUN 3 0 2008

EXAMINER

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|---|
| SUBJECT: | CROWN FINAN | CIAL SERVICES, LLC | |
| | | ited Liability Company) | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Picase return all correspo | ndence concerning this matter | to the following: | , |
| | | CASSIO RAFFA | |
| | | (Name of Person) | |
| • | CROWN | FINANCIAL SERVICES, LLC | ट्यू |
| | • | (Firm/Company) | |
| • | 461 E. H | ILLSBORO BLVD. STE. 200 | OB JUN 27 AM IO: 16 |
| | | (Address) | 27 |
| | DEER | FIELD BEACH FL 33441 | Cons. |
| | | (City/State and Zip Code) | 5 |
| For further information co | oncerning this matter, please c | all: | <u> </u> |
| SELOMITE N | MEDEIROS | at (954) 725-0900 | • |
| (Name o | of Person) | (Area Code & Daytime 7 | Celephone Number) |
| Enclosed is a check for th | ie following amount: | | |
| ☑ \$25.00 Filing Fee | □\$30.00 Filing Fcc & 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) |
| | ING ADDRESS: | STREET/COURIER | ADDRESS: |

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| New Registered Agent's Signature, if changing Registered Agen | (City) | | (Zip Code) | |
|--|--------------------------------|---------------------------|---|----------------|
| | , Florida | | _ | |
| TON INCESSAGE VINCE NUMESS. | (Enter Florida street address) | | | |
| New Registered Office Address: | | | | |
| Name of New Registered Agent; | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he | ffice address on e re: | our records, <u>enter</u> | the name of the | new |
| | | | න දි | |
| GANNING WORLD AMAZ MAN TONE VIATON BUNY | | <u></u> | 9 | _ . |
| (Mailing address MAY BE A POST OFFICE BOX) | | | ======================================= | |
| Enter new mailing address, if applicable: | | | 27 | , |
| | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| Enter new principal offices address, if applicable: | | | | <u> </u> |
| The new name must be distinguishable and end with the words "Lin" L.L.C." | nited Liability Comp | any," the designation " | LLC" or the abbrevia | ation |
| A. If amending name, enter the new name of the limited lia | hility company he | re; | | |
| This amendment is submitted to amend the following: | | | | |
| Florida document numberL07000110361, | | | | |
| The Articles of Organization for this Limited Liability Compan | y were filed on | 10/31/2007 | and assigned | • |
| · (A Florida Lingligh | rianinin's Company) | | | |
| (Name of the Limited Liability Comp (A Florida Limited | AL SERVICES, L | rs on our records.) | | |

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

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)

Page 1 of 2

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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 = Ma MGRM = N | nager Managing Member | | |
|----------------------|---|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| <u>MGRM</u> | JOE VASCONCELOS CO. | 481 E. HILLSBORO BLVD. STE. 200 DEERFIELD BEACH FL. 33441 U.S. | Add Remove |
| <u>MGRM</u> | ELLIOTT HOLDING CORP | 8761 WILES RD #106 CORAL SPRINGS FL 33067 | Add Remove |
| - | | | Add Remove |
| | | | Add Remove |
| | ······································ | | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.) | |
| | | | - - |
| | | | - |
| Dated | JUNE 27 , 2 | 008 | |
| | Signature of a member | r or authorized representative of a member | |
| | | CASSIO RAFFA | |
| | | or printed name of signee | |

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Filing Fee: \$25.00