## 107000114405

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



900294987079

02/17/17--01006--012 \*\*25.00

FEB 2 0 2017 S. YOUNG

17 FEB 17 AMIO: 49

## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:	TOCS - 1	LC.	
	. Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	John	Fernande ?	<u>.                                    </u>
	<u>Cro</u>	C5 LLC	
	13529	Barberry	<u>D</u> (,
	Welling	City/State and Zip Code	33414
· -	. E-mail address: (	Ondez Kma (	att. net
For further information conc	erning this matter, please ca	all:	Ö: +
John Fe Name of Pe	rondez	at (50)- 0 28 Area Code Daytime	-0840 Telephone Number
Enclosed is a check for the f	ollowing 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)
Registration of P.O. Box 6	f Corporations \	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	005	LLC.		
(Name of the Limite	ed Liability Company (A Florida Limited Lia	as it now appears on obility Company)	ur records.)	<del></del>
The Articles of Organization for this Limited Lie Florida document number		vere filed on	27/07	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabilit	Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica				TALL.
(Principal office address MUST BE A STREE	T ADDRESS)			- 3 岩
				<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE )	<u>BOX)</u>			
		<del> </del>		
B. If amending the registered agent and/or registered agent and/or the new registered off		ce address on our	records, enter the	e name of the new
Name of New Registered Agent:			<del></del>	
New Registered Office Address:		. Enter Florida str	eet address	
	Welling	Stir	, Florida <u>33</u>	3414 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 Title Name **Address Type of Action** John R. Fernandez 710 7th Way WPB, FL. 33407 Brandie Holt 13529 Barbury Dr. Dr. AMBR Wellington, FL. 33414 Remove ☐ Change Michael Fernandez 4223 Tazewell Ct WPB, FL. 33409 ☐ Remove ☐ Change ☐ Remove

	 Change
 	Add
	 ☐ Remove
	Change
 	 Add
	Remove
	Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	17 FEB
	AM 10: 4-9
	150 H2
	<u>်</u>
(If an el	tive date, if other than the date of filing:  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date; but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	2012
	Signature of a member or authorized representative of a member
	JOHN FERNAINDEE Typed or printed name of signee

Page 3 of 3

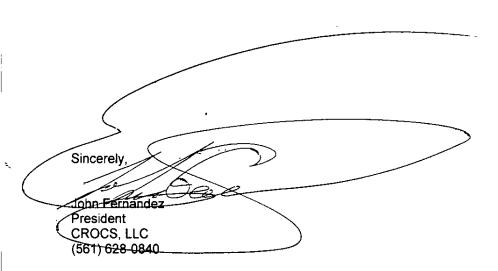
Filing Fee: \$25.00



CROCS, LLC SPECIALIZES IN PIPE INSPECTION, PIPE JOINT SEALING AND PIPE LINING ALONG WITH CRACK INJECTION - CRACK SEALING OF ALL TYPES OF STRUCTURES AND SOIL STABILIZATION FOR DEPRESSIONS OR SINKHOLES, HELPING TO PROTECT YOUR INFRASTRUCTURE.

To: Florida Department Of State Division Of Corporation

Here is CROCS, LLC's list of amended authorized Persons.



THE IT HID!

13529 BARBERRY DRIVE \* WELLINGTON, FL 33414 \* Office: (561) 628-0840 \* Fax: (561) 792-0737