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(Document Number)
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G. MCLEOD

OCT 3 0 2008

**EXAMINER** 



700137355537

10/29/08--01011--005 \*\*25.00

## **COVER LETTER**

TO: Registration Section  Division of Corporations	\$		
SUBJECT: CRIST-CO REALTY CO 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:			
MONIQUE COZIER (Name of Person)			
CRIST-COREALTY CO.L.L.C. (Firm/Company)			
3500 GULF BLVD (Address)			
BELLEAIR BEACH, FL, 33786 (City/State and Zip Code)			
For further information concerning this matter, please call:			
MONIQUE COZIER at (727) 595-6104  (Name of Person) (Area Code & Daytime Telephone Number	ਕ)		
Enclosed is a check for the following amount:			
(additional copy is enclosed) Certified	te of Status &		
MAILING ADDRESS:  Registration Section  Registration Section  Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ CRIST-CO REA		
( <u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L0800049914</u>		22/08 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		SE VIS
(Principal office address MUST BE A STREET ADDI	RESS)	<b>8</b> 오줌
		2 Par
		<b>~</b>
Enter new mailing address, if applicable:		<b>7.</b> 2000
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		rds, enter the name of the new
New Registered Office Address:		
New Registered Office Address.	(Enter Flori	da street address)
		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 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 = Managing Member **Address** Title Name Type of Action MGR LARIO B CRISTELLO ☐ Remove MONIQUE COZIER 3500 GULF BLVD Add Remove 🗂 Add Remove ☐ Add Remove \_ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member MONIQUE COZIER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00