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(Red	questor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2013 APR -9 AM 9: 2713 APR -9 PH 1: 29

B. BOSTICK
APR 1 0 2013
EXAMINER

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE _.	merly CCRS)	
FILING COVER S ACCT. #FCA-23	SHEET		
CONTACT:	RICKY SO	<u>10</u>	
DATE:	04/09/2013		
REF. #:	<u>8729144</u>		
CORP. NAME:		RD HGCP INVESTMENTS, LLC c NVESTMENTS LLC	hanging its' name to CRAWFORD &
() ARTICLES OF INCO	DRPORATION	(XX) ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK	() ARTICLES OF DISSOLUTION () FICTITIOUS NAME
() FOREIGN QUALIFIC	CATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL =
() CERTIFICATE OF C	CANCELLATION	I	2013 SEC!
() OTHER: STATE FEES PE	REPAID W	ITH CHECK# <u>70000922</u> FOR \$	TILED 2013 APR-9 AH 9:2: SECRETARY OF STATE ALLAHASSEE, FLORIDA 30.00
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	7
		COST LI	MIT: \$
PLEASE RETUI	RN:		
() CERTIFIED COPY		CERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY

Examiner's Initials

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Crawford HGCP Investments, 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:

Susan R. McMaster

Name of Person

Jaffe Raitt Heuer & Weiss

Firm/Company

27777 Franklin Road, Suite 2500

Address

Southfield, MI 48034

City/State and Zip Code

smcmaster@jaffelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan McMaster

,,,248,727-1485

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following 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)

MAILING ADDRESS:

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

		<u> </u>
	P Investments, LLC	
(<u>Name of the Limited Liab</u>) (A Flori	llity Company as it now appears on our records da Limited Liability Company)	
		프럼 2
The Articles of Organization for this Limited Liabilit	y Company were filed on 5/22/2008	and assigned
Florida document number L08000051371		•
Torida document number	·	
This amendment is submitted to amend the following	y:	
A. If amending name, enter the new name of the	limited liability company here:	
Crawford & Greene Investments LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re	egistered office address on our records, e	nter the name of the new
registered agent and/or the new registered office:		
•	•	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida stre	et address
	, Floric	da
-	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Richard S. Crawford	999 Vanderbilt Beach Road Suite 504	Add
		Naples, FL 34108	Remove
MGRM	Richard S. Crawford	999 Vanderbilt Beach Road Suite 504	
		Naples, FL 34108	Remove
		· · · · · · · · · · · · · · · · · · ·	Remove
			Remove
	•		ZOIJ APR -3
			Personal Transport
			- ·
			Add Remove

If amending any other in	oformation, enter change(s) here: (Attach additional sheets, if necessary.)
March 20	2013
	Signature of a member or authorized representative of a member
	Susan McMaster, Authorized Representative
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

SECRETARY OF STATE

2013 APR -9 AH 9-