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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 2 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROWN + FAMILY, 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:

Carlos Velez
(Name of Person)

CROWN + FAMILY, LLC.
(Firm/Company)

17B Emerald Lane
(Address)

Palm Coast, FL 32164
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos Velez at (386) 864-9558
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

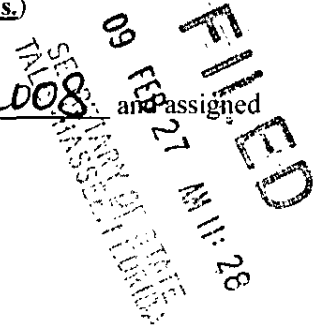
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CROWN + FAMILY, 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 Aug 14, 2008 and assigned
Florida document number L08000078270



This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

604-8- E. Moody Blvd
BUNNELL FL 32110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17-B - EMERALD LN
PALEM COAST FL 32164

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CARLOS VELAZ

New Registered Office Address:

17-B - EMERALD LN -

(Enter Florida street address)

PALEM COAST
(City)

Florida 32164
(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.

Carlos Velaz
(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRESIDENT</u>	<u>IMTIAZ A CROWN</u>	<u>45-ROUND THORN DR</u> <u>PALEM COAST FL 32164</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>V-PRESIDENT</u>	<u>MOAZZAM IMTIAZ</u>	<u>45-ROUND THORN DR</u> <u>PALEM COAST FL 32164</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TREASURER</u>	<u>MOAIZ IMTIAZ</u>	<u>45-ROUND THORN DR</u> <u>PALEM COAST FL 32164</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PR</u>	<u>Carlos Velez</u>	<u>17B. Emerald Lane</u> <u>PALEM COAST, FL 32164</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>V.P</u>	<u>Nydia Velez</u>	<u>17B Emerald Lane</u> <u>PALEM COAST, FL 32164</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated _____, _____.

Carlos Velez
Signature of a member or authorized representative of a member

Carlos Velez
Typed or printed name of signee

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FEB 27 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA