## L08000113483

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SEGRETARY OF STATE ALLAKASSEE, FLORIDA

SEP 27 MIII:

## **COVER LETTER**

TO:	Registration Section Division of Corpo		•	
SUBJI	ECT:		oldings, LLC	
		Name of Limite	ed Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please	return all correspond	ence concerning this matter t	o the following:	
		Tommy	D. Permenter, Jr., Esquire	
		The Po	ermenter Law Firm, P.A. Firm/Company	<del></del>
		2201 S.	E. 30th Avenue, Suite 202	
			Address	
		0	cala, Florida 34471	
			City/State and Zip Code	
		Tomn	ny@Permenterlaw.com	
		E-mail address: (to	be used for future annual report notificat	ion)
For fu	ther information con	cerning this matter, please ca	11:	
	Tommy D. Per	menter, Jr., Esquire	at ( 352 ) 62  Area Code & Daytime T	22-1811 elephone Number
				•
Enclos	ed is a check for the	following amount:		
\$25	5.00 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

FILED

12 SEP 27 M 11:51

( <u>Name of the Limited</u> (A	Crimi Hold  Liability Compa	ings, LLC ny as it now appears liability Company)	SE on our records.) Al	GRETARY OF STATE LAHASSEE, FLORID
The Articles of Organization for this Limited Li	ability Company			
(Name of the Limited Liability Company as it now appears on our records.) ALLARASSEE, FLORIDA (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on				
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end wit "L.L.C."	n the words "Limi	ted Liability Company	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if application	able:	10762 S.E. U.S	S. Highway 441	
(Principal office address MUST BE A STREE	T ADDRESS)	Belleview, Flor	ida 34420	
Enter new mailing address, if applicable:		10762 S.E. U.S	S. Highway 441	
(Mailing address MAY BE A POST OFFICE BOX)				
registered agent and/or the new registered of  Name of New Registered Agent:	fice address her	e: U.S. Highway 44	1	
	ı			
		City	, Florida	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

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael Crimi, Jr.	10762 U.S. Highway 441 Belleview, Florida 34420	Add Remove
MGRM_	Deanna R. Crimi	10762 U.S. Highway 441 Belleview, Florida 34420	Add  Remove
MGR_	Michael Crimi, Jr.	10762 S.E. U.S. Highway 441 Belleview, Florida 34420	✓ Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessal	ry.)
	September 21	2012	
Dated	September 21	2012	

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Filing Fee: \$25.00