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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: CRAWFORD & Company lead ESTATE Services, LLC (Name of Limited Liability Company)
The engineer's Amining of Amendment and for(a) are submitted for filing
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CATL CRAWFORD (Name of Person) CRAWFORD & Company Real Estate Services, LLC
(Firm/Company)
697 N. MiAmi Ave. LOFT # 120 3
Miami, FL 33136
For further information concerning this matter, please call:
CA-L CLAW Fold (Name of Person) at (305) 804-6154 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\subseteq}

MAILING ADDRESS:

TO:

Registration Section

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

CRAWFORD & COMPANY	Leal ESTATE S		LLC
(<u>Name of the Limited Liab</u> ility (A Florida Li	Company as it now appear imited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Co		1-20-2a	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	my," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		7000 TAIL
Enter new mailing address, if applicable:			CRETARY AHASSE
(Mailing address MAY BE A POST OFFICE BOX)			F STATE OF
B. If amending the registered agent and/or registeregistered agent and/or the new registered office address.		our records, <u>ente</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	(F)	nter Florida street d	address)
	(Diner Provide street dadress)		
	(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 amending or Managing	the Managers or Managing Members Member being added or removed from	on our records, <u>enter the title, name, and add</u> <u>m our records</u> :	ress of each Manager
MGR = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGEN	CAH CIAN FORd	1097 N. MIAMI Aue Lot MIAMI, FL 33136	Add Remove
Plande	+ CATICIANTON	697 N. MIAMI Aue Loft MIAMI, PL 33136	Add Remove
			Add Remove
			Add Remove
		TALLAHADOCE	SECONDADIONE TO SECONDADIONE T
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.	Remove S
		Tithe From MGRM	
Dated	2-10,20	009. Cart	
-	CAN	or authorized representative of a member Crackord or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00