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(Requestor's Name)			
(Ad	dress)		
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(Cit	y/State/Zip/Phor	ne #)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JAN 21 AM 11: 31

T. HAMPTON
FEB 2 5 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corpora	tions ORD & Com	nony Real Estr	are Services L
SUBJECT: CRAWI	(Name of Limi	ted Liability Company)	THE CAROLLES
The enclosed Articles of Ame	ndment and fee(s) are sub-	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
_	CARL L	(Name of Person)	
	CRAWFord &	(Firm/Company)	te Selvers, LLC
_(697 N.M.	'Ami Aue, LOF	r#/
1	Miami, FL	23136 (City/State and Zip Code)	
For further information conce	ming this matter, please ca	all:	
CARL L. C. (Name of Per	RAWFORD Son)	at (<u>305 672 - 6</u> (Area Code & Daytime To	S 300 elephone Number)
Enclosed is a check for the fol	lowing 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**

CRAWFORD & Can (Name of the Limited Lia (A Flo	bility Company	eal ESTV as it now appears bility Company)	TE PRU	ices, L	LC
The Articles of Organization for this Limited Liabi	lity Company w	ere filed on <u>O</u>	1/20/20	<u>59</u> and as	signed
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabili	ty company here	:		
The new name must be distinguishable and end with th "L.L.C." Enter new principal offices address, if applicable	e:	d Liability Compar	ny," the designation	"LLC" or the	abbreviation SECRE
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>			- 2	FILED CONTROL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>.</u> <u>X</u>) .	P.O.B Mian	ox 398 : Beach	297 FL	F STATE 333
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on o	ur records, <u>enter</u>	the name	of the new
Name of New Registered Agent: New Registered Office Address:	275	NE 18	Th ST ter Florida street a	#3/	<u> </u>
-	MIAN	•	, Florida _	3313 (Zip Cod	<u>,)</u> de)
Naw Pagistarad Agant's Signatura if changing Pagi	stored 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	· ·		Add Remove
			Add Remove
D. If amer	CHanaina	se(s) here: (Attach additional sheets, if necessar	
Dated	Signature of a member	for for authorized representative of a member	Y OF STATE CORPORATIONS AM II: 34
	CARL L Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00