109000009355

(Requestor's Name)			
(Address)			
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	· 	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
		·	

Office Use Only



200213091982

10/17/11--01033--019 **25.00

2011 OCT 17 AM 8: 14
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 19 2011

COVER LETTER

TO:	Registration So Division of Co					
SUBJE	ECT:	CRYSTAL RE	CEPTION HALL LLC			
50201		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			Marc Bergeron Name of Person			
		•	Name of Person			
		CRYST	AL RECEPTION HALL LLC			
			Firm/Company			
		4195 \$	SW HIGH MEADOWS AVE		2011 TAL	
			Address		CARE OF	
		PA	LM CITY FL 34990 US		TAR	ï
			City/State and Zip Code		MY P	
		cry	stal4900@hotmail.com		F ST	١
For fur	ther information of	E-mail address: (concerning this matter, please o	to be used for future annual report notificational:	on)	2011 OCT 17 AM 8: 14 SEGRETARY OF STATE TALLAHASSEE, FLORIDA	
	Ma	arc Bergeron	at (772) 60	0-7651		
		of Person	at (at (
Enclose	ed is a check for t	he following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ECEPTION HALL			
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	company were filed on	01/29/2009	and assig	ned
Florida document number				
This amendment is submitted to amend the following:	,			
A. If amending name, enter the new name of the limit	ited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	nny," the designation	"LLC" or the abb	previation
Enter new principal offices address, if applicable:		<u></u>	70 2	
(Principal office address MUST BE A STREET ADDR	RESS)		ZBII OCT BECRET	- ade supplied to
			<u> </u>	
Enter new mailing address, if applicable:			ARY OF	m
(Mailing address MAY BE A POST OFFICE BOX)			STATE LORID	L. Carl
			BR F	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street a	ddress	
	City	, Florida	Zip Code	
	Cuy		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

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

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MEMB</u>	MAROHNIC, DARLENE	4195 SW HIGH MEADOWS AVE PALM CITY FL 34990	Add Remove
			Add Remove
			Add Remove
			Add Remove -
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	ZDII OCT 17 AM 8:
Dated	October 11 2011		
	/	authorized representative of a member SER CERON	

Page 2 of 2

Filing Fee: \$25.00