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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |

A. LUNT

JUL 10 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

| Division of Co | | | | • | |
|---------------------------|--|--|----------------------------|---------------------------------------|-----|
| SUBJECT: | rystal Creek Name of Limi | Farms LL ited Liability Company | <u>C</u> | | |
| The enclosed Articles of | f Amendment and fee(s) are sul | omitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Bruce | Pa H; Name of Person | | 2009 SEC TALL | |
| | | Creek Farms LL | CC | SECRETARY OF STATE ALLAHASSEE, FLORID | |
| | 2775 | Address Address Address City/State and Zip Code Patti Doc//sortic to be used for future annual report notification. | | PM 3: 16 OF STATE E. FLORID | D |
| | Geneu | ra, FL 327 | 32 |) o. | |
| | bruce | Patti Dac//soution To be used for future annual report notifications | b.net | | |
| For further information | concerning this matter, please o | | | | |
| Bruce | of Person | at (57/) 818 (Area Code & Daytime T | 7 32 Y Telephone Number | . | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | ed) |
| | | | | | |

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

| | _ | |
|--|--|---------------------------------------|
| Crystal Creek Forman (Name of the Limited Limi | ns LLC | |
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on ou Liability Company) | r records.) |
| The Articles of Organization for this Limited Liability Company | were filed on 6/23/ | 69 and assigned |
| Florida document number <u>Lo 9 00006 13 2 Y</u> . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | vility company here: | NA |
| The new name must be distinguishable and end with the words "Limi | ited Liability Company," the | designation "LLC" or the abbreviation |
| "L.L.C." | _ | ಶ್ಚ ⊗ |
| Enter new principal offices address, if applicable: | NA | SECTION . |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | ************************************** | SSE VRY |
| B. A | | OF STATE |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NA | |
| Manne and ess may be a 1031 of Fice boar | | Ş |
| B. If amending the registered agent and/or registered of | fice address on our rec | ords enter the name of the new |
| registered agent and/or the new registered office address her | | ords, enter the hame of the new |
| Name of New Registered Agent: | NA | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Flor | ida street address |
| | , Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | : | |
| l hereby accept the appointment as registered agent and agr | ee 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 = Man MGRM = M | iager anaging Member | | | |
|-----------------------|-------------------------|--|--|---------------|
| <u>Title</u> | <u>Name</u> | | Address | Type of Actio |
| <u>m₹</u> n β. | Amanda | Patti | 2775 E. Osceola (* Geneva, FL. 32732 | Add Remove |
| | | | | Add Remove |
| | | and the second s | | Add Remove |
| | | | | Add Remove |
| | | Accessed to the Section of the Secti | | XA Remove |
| | | ************************************** | | Remove |
| D. If amend | ing any other informati | on, enter change | (s) here: (Attach additional sheets, if nece | ssary.) |
| Northwartship | | | | |
| | | | | |
| Dated | 7/3/ | , <u>acco</u> | <u>6</u> . | |

Page 2 of 2

Filing Fee: \$25.00