

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000165458 3)))



H240001654583A9C2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			
CMGYT	MUUL 635:			



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRESCOT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAY - 8 2024

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	11011. 1011.
	FILED
2	<4 May _
TAL	CRETARY OF STATE AHASSEE, FLORION
	"ASSEE, FLORIDA

	CRESCOT, LI			- 1. LON	
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document number		were filed on	06/26/2009	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	of the limited ligh	oility company her	2:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the des	ignation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applie	able:	714 S. LAKE AV	E		
(Principal office address MUST BE A STREI	ET ADDRESS)	DELRAY BEACH, FL 33483			
Enter new mailing address, if applicable:		714 S. LAKE AV	E		
(Mailing address MAY BE A POST OFFICE BOX)		DELRAY BEACH, FL 33483			
B. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent:		address on our rec	ords, <u>enter the nan</u>	ne of the new registered	
New Registered Office Address:	714 S. LAKE A				
,		Enter Florid	a street address		
	DELRAY BEA		, Florida _33	843	
		City		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 605, 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.

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ESCOBAR, RICARDO		□Add
			□Remove
		714 S. LAKE AVE, DELRAY BEACH, FL 33483	
MGR	ESCOBAR, CLAUDIA		□Add
			🗆 Remove
		714 S. LAKE AVE, DELRAY BEACH, FL 33483	= Change
*****************			THE T
			SSEE PH
			PH 4: 55
			□Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
			LiChange

From: Yanat Avila

_		
		\ _
	To the state of th	?
		•
_	ج. المراج ال المراج المراج المرا	ς.
_		٠ر
_		
•••		
_		
_		
Note: 1	ve date, if other than the date of filing:	
e record rd is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.	
Dated _	<u>April 24</u> , <u>2024</u> .	
	PU-	
	Signature of a member or authorized representative of a member	
	Ricardo J. Escobar	