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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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B. KOHR

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**EXAMINER** 

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Crowther Facility Serv	vices, LLC		_]		2
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		<u> </u>	_		
				Art of Inc. File	
· · · · · · · · · · · · · · · · · · ·				LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
				Fictitious Name File	
				Trade/Service Mark	
				Merger File	
				Art. of Amend. File	
				RA Resignation	
				Dissolution / Withdrawal	_
				Annual Report / Reinstatement	
				Cert. Copy	
			<u> </u>	Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature	<u>-</u>		l —	Fictitious Owner Search	_
				Vehicle Search	
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Requested by: SETH	02/15/11	11:00		UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
ivaille	Date	TIME		UCC 11 Retrieval	
Walk-In	Will Pick Up			Courier	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIFEB IS PM 1:22

Crowther Facilit	y Services, LLC	•
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on ou	r records.)
(		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document numberL0900094721		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CFS Facility Se	ervices, LLC	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	٠,	
Enter new mailing address, if applicable:	•	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our rec <u>e</u> :	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
- · · · · · · · · · · · · · · · · · · ·	Enter Flor	ida street address
<u></u>		, Florida
	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	Name	Address	Type of Actio
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Page 2 of 2

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