L10000047021

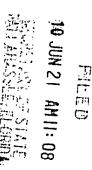
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



900182098269

06/21/10--01038--025 **25.00



S. HAWKES
JUN 2 2 2010
EXAMINER

COVER LETTER

	ation Section n of Corporations						
SUBJECT: Crescent Cove Investments, LLC Name of Limited Liability Company							
							The enclosed Ar
Please return all	correspondence concerning this matter to the following:						
	Darin Wade Mellinger, Esquire Name of Person						
Darin Wade Mellinger, P.A.							
Firm/Company							
1200 North Federal Highway, Suite 200							
Address							
	Boca Raton, FL 33432 City/State and Zip Code						
dwm@mellingerlaw.com							
For further infor	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:						
Darin Wade Mellinger, Esquire at (561) 210-8570 Name of Person Area Code & Daytime Telephone Number							
Enclosed is a che	ck for the following amount:						
▼ \$25.00 Filing	Fee \$\bigcup \\$30.00 \text{ Filing Fee & } \bigcup \\$55.00 \text{ Filing Fee & } \bigcup \\$60.00 \text{ Filing Fee, } \\ \text{Certificate of Status & } \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed} \tag{60.00 \text{ Filing Fee, } \\ \text{Certificate of Status & } \\ \text{Certified Copy } \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed} \tag{2.00}						
	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

Crescent Cove Investments, LLC							
(Name of the Limited) (A)	lability Compa	ny as it now appea	rs on our records.)				
(A)	riorida Limited I	Liaouity Company)		2			
The Articles of Organization for this Limited Lia	bility Company	were filed on	April 29, 2010	and assigned			
Florida document number L10000047021							
This amendment is submitted to amend the follow	·			21 #11.08			
A 15		•••		\$ 6 B			
A. If amending name, enter the new name of the limited liability company here:							
	Roller Coas	ster. LLC		3.*			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	any," the designation "l	LLC" or the abbreviation			
Enter new principal offices address, if applica	N/A						
(Principal office address MUST BE A STREET							
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	N/A						
Entering whereas Harr DE 11 OST OT 1 TOE II	<u>071)</u>						
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>enter t</u>	the name of the new			
Name of New Registered Agent:	N/A						
New Registered Office Address:							
New Registered Office Address.	Enter Florida street address						
, 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 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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** N/A ☐ Add ☐ Remove Remoye Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A June 15 2010 Dated ___

Typed or printed name of signee
Page 2 of 2

Signature of a member of authorized representative of a member

Darin Wade Mellinger, Esquire

Filing Fee: \$25.00