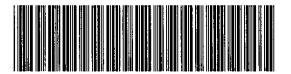
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(Re	questor's Name)	
(10	queetor e riame,	
(Ad	dress)	
,	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. HARRIS

### **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: CRYSTY	1 CLEAR RES	ed Liability Company	<u> </u>
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	Ja	SON POSSMAN Name of Person	<u> </u>
-	Caystan C	LENA RESTORATI	٥٨, ٢٠٠.
-	12973 Su	N 112 ST . #1 Address	7 <del>4</del>
	MIAMI	FL 33184 City/State and Zip Code	
_	C.CLEAR. RE	be used for future annual report notific	nc.com
For further information conce	erning this matter, please cal	U:	
Vason Par	oss myn	at (305) 479 Area Code Daytime 7	6206 Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	3\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### 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

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liab Florida document number		were filed on O7 Zu ZO10 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liabil	ity company here:
The new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	9612 SW 118 PL
(Principal office address MUST BE A STREET	ADDRESS)	MIRMI, FL 33186
	•	
Enter new mailing address, if applicable:		12973 SW 112 ST. #174
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	12973 SW 112 ST. 井川4 MIMMI, FL 3318第6
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	e address here	ice address on our records, enter the name of the new
New Registered Office Address:	12973	SW 112 ST. 井174
		Enter Florida street address
	MIX	, Florida 3318 6
		City Zip Code
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree and complete pered agent as po gistered office o	to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
	If Chang	ring Registered Agent, Signature of New Registered Agent
	Page 1	- C: N

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cance Sieran	12973 SW 112 ST. \$174 MINMI,	FL 33184
			Remove
			Change
Mhe	JASON ROSSMAN	12973 SW 112 ST. #174 HIAMI, FL 3	318 Add
			Remove
			☐ Change
			Add
			Remove
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			Agdd  Remove
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fective date, if other	than the date of fili	na·	(ant	ional)
n effective date is listed, th	ne date must be specific a	nd cannot be prior to date of file meet the applicable statute	ing or more than 90 days afte	r filing.) Pursuant to 605.0207
cument's effective date			ny ming requirements, ti	is date will not be listed as
record specifies a The 90th day after		date, but not an effe	ctive time, at 12:01	·#
				25 Jel 1
ated July	09 1	, 2015	~	
	Signature of	a member or authorized repres	entative of a member	<u></u>
				2: 12
	CIRACO			

Page 3 of 3

Filing Fee: \$25.00