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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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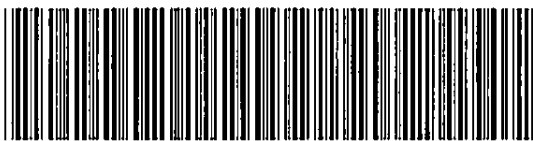
(Business Entity Name)

(Document Number)

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2024 JUL 10 PM 2:57
SEC. TAYLOR OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crutchfield & White, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph C. Greco, III, Esq.

Name of Person

Killgore Pearlman, P.A.

Firm/Company

800 N Magnolia Ave., Suite 1500

Address

Orlando, FL 32803

City/State and Zip Code

jgreco@kpsds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph C. Greco, III

407

425-1020

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE OF FLORIDA
TALLAHASSEE, FL

2024 JUL 10 PM 2:57

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Crutchfield & White, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/20/2010 and assigned
Florida document number L10000097875.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Brandon J. Stone

New Registered Office Address:

702 S US Highway 17-92

Enter Florida street address

Longwood

Florida 32750

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.



If Changing Registered Agent, Signature of New Registered Agent

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2009 SEP 21 PM 2:57
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sandy C. Crutchfield	367 Tullis Ave.	<input type="checkbox"/> Add
		Longwood, FL 32750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	James H. Crutchfield, Jr.	367 Tullis Ave.	<input type="checkbox"/> Add
		Longwood, FL 32750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	William S. White	254 Celery Circle	<input type="checkbox"/> Add
		Oviedo, FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Brandon J. Slone	613 East 3rd Street	<input checked="" type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 JUL 10 PM 2:57
TALLAHASSEE FL
STATE

FILED

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated

7/1/24

Signature of a member of _____

Signature of a member or authorized representative of a member

James H. Crutchfield, Jr.

Typed or printed name of signee

2024 JUL 10 PM 2:57
ST. JOHNS COUNTY, FL
TALLAHASSEE, FL

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Filing Fee: \$25.00