

L1100000035763

(Re	equestor's Name)	
	ldress)	
(/10	uic33)	
	J	
(Ac	ldress)	
•		
(Ci	ty/State/Zip/Phone	#
(Ci	.y/State/Zip/Filone	π)
DICK-LID	MAIT	MAIL
L FICK-OF	☐ WA!!	INIVIE
/D:	siness Entity Nam	<u>(a)</u>
(DI	isiness Liluty Hairi	, ,
(Do	cument Number)	
C-48-4 C-44-	0-25	-1.01-1
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	

Office Use Only



100248493401

06/05/13--01010--024 **25.00

SECRETARY OF STATE

289 JUN-7 AM 10:

IJUN 10 2013 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2013

STEVE BACARDI 5621 STAND BLVD. #303 NAPLES, FL 34110

SUBJECT: CRYSTAL LAKE REALTY, LLC

Ref. Number: L11000025763

We have received your document for CRYSTAL LAKE REALTY, LLC and check(s) totaling \$25.00. However, the enclosed document has not been med and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 013A00014251

COVER LETTER:

	C	OVER LETTER,	·
TO: Registration Sec Division of Corp			
SUBJECT:	ystal Lake Name of Limite	Realty, LLC ed Liability Company	· ·
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Steve Ba	Name of Person Luke Reulby Firm/Company	
		Name of Person	
	Crystal	Luke Keulby	
		Firm/Company	
	5621 St	rand Blvd. #303	
		Address	
	Naples	Fr. 34/10 City/State and Zip Code	N-7
	9/4/	City/State and Zip Code	ing ≥ [T]
	E-mail address: (to	Curdi Q ao lo Com o be used for future annual report notificati	AN IO: 22
For further information co	oncerning this matter, please ca		22 22
Steve 13		at (239) 272-23	87
Name of	Person	Area Code & Daytime Te	
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C1\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRYSTAL LAKE KE	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L110000 Z5763</u>	ny were filed on $03/02/3011$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
STRAND SALES YREALD	
The new name must be distinguishable and end with the words "Li" "L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5621 Strand Blvd, #303 Naples Fe. 34110
Enter new mailing address, if applicable:	SECRETAL JUNE
(Mailing address MAY BE A POST OFFICE BOX)	RRY OF THE PROPERTY OF THE PRO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	Le Bacardi Strand Blud #303
New Registered Office Address: 567-	Strand Block #303
Noe	Enter Florida street address
	City, Florida Ft. 34110 Zip Code
New Registered Agent's Signature, if changing Registered Age	•
New registered rigent's Signature, it changing registered rige	
the provisions of all statutes relative to the proper and co-	ngree to act in this capacity. I further agree to comply with implete performance of my duties, and I am familiar with and as provided for in Chapter 618, F.S. Or, if this document is ide hadress, Thereby confirm that the limited liability

/ Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Name	<u>Address</u> <u>T</u>	ype of Action
			Add
,	·		Remove
•		,	
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	
			Add
			Remove
			ha na
		HASE	
			Remove
		HEAHASSIE RILORIDA	Remove 22
			Add
		- -	Remove
			Kemove
	•		Add
			Remove
			. Kelliove

, ii ,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	
(Sturband
	Signature of a member or authorized representative of a member STEVE BACARDI M6AM
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2018 JUN-7 AM 10: 22