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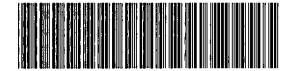
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**EXAMINER** 

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

DEC -9 PH 7: 6

## **COVER LETTER**

SUBJECT:	Crest Invest	ment Partners LLC	·		
	Name of Limited Liability Company				
		,			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	·	Patrick Dillon			
		Name of Person	<del></del>		
Crest Investment Partners LLC					
Firm/Company 218 Royal Palm Way					
	Р	alm Beach, FL, 33480			
	· · · · · · · · · · · · · · · · · · ·				
patrick.dillon@cypresscapitalgroup.com  E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of		(a)		
ror futuler information	concerning this matter, please c	vali.			
F	atrick Dillon	at (_561_)	659-5889		
Name	of Person	Area Code & Day	time Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

Crest In	vestment	Partners Ll	_C			
(Name of the Limited Liabi (A Florie	ility Company	as it now appea	rs on our records.)			
(A FIOLE	da Emmed Lia	omity Company)				
The Articles of Organization for this Limited Liability	y Company w	vere filed on	August 2, 201	<u>1</u> ar	nd assig	ned
Florida document number L11000088279						
	<del></del> -					
This amendment is submitted to amend the following	r:					
A. If amending name, enter the new name of the !	imited liabili	<u>ty company hei</u>	re:			
			_			
T					<del></del>	<del></del>
The new name must be distinguishable and end with the v "L.L.C."	words "Limited	d Liability Compa	any," the designation	"LLC" or	r the abl	previation
2.5.0.						
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET AD	DRECCI					<del></del>
Trinequal office undress most be A STREET AD	<u>DI(1255)</u>			<del></del>		<del></del>
	-					
Enter new mailing address, if applicable:						
• ••	-					
(Mailing address MAY BE A POST OFFICE BOX)	-		*			
	_			_		
B. If amending the registered agent and/or reg	gistered offic	e address on o	our records, enter	the nar	ne of	the new
registered agent and/or the new registered office ac	ddress here:			<b>4.</b>		<u> </u>
N. C. D. C. L.				₩		
Name of New Registered Agent:						<del></del>
New Registered Office Address:					39	eri Prij
New Registered Office Address.		Fn	ter Florida street aa	1/12/200	<u> </u>	4830000
		5/11	ier i toriqu street ut		6	Parties and the same of the sa
			, Florida		70	f" T"
	(	City		Zip	Code	Caramid S s B
New Registered Agent's Signature, if changing Registe	ered Agent:			AZ.	7:	<b>U</b>
				<b>3</b>	<b>4</b> 33	

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>	Address	Type of Action
MGRM	Cypress Capital Group, Inc	218 Royal Palm Way Palm Beach, FL, 33480	Add ✓ Remove
<u>MGRM</u>	Massimo Santicchia	1802 S. Club Drive Wellington, FL, 33414	✓ Add ☐ Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			<del>-</del>
  Dated	December 6 , 20	011	_
		ror authorized representative of a member	
	Туре	Patrick Dillon, Secretary or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00