

L11000097318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

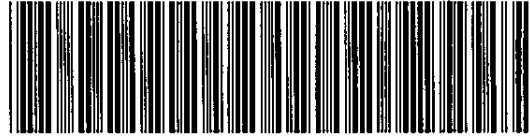
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300253132523

11/04/13--01030--004 **25.00

2013 NOV -4 AM 11:26

J. C. NICHOLS
EXAMINER

NOV 5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crexielle Interiors, 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:

Rainer Richter

Name of Person

Firm/Company

1104 Hempel Ave.

Address

Gotha, FL 32734

City/State and Zip Code

Mike.Oliver555@gmail.com

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

For further information concerning this matter, please call:

Rainer Richter

Name of Person

at (407) 864-8249

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2010 NOV -6 PM 11:26

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

Crexielle Interiors, 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 08/24/2011 and assigned
Florida document number L11000097318.

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 end with 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)

P.O. Box 1206

Winter Park, FL 32790-1206

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: Rainer Richter

New Registered Office Address: 1104 Hempel Ave.

Enter Florida street address

Gotha

Florida 34734

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.

Rainer Richter

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:

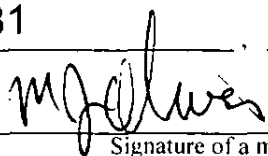
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenneth Siggs	2600 Lake Lucien Drive	<input type="checkbox"/> Add
		Suite 325	<input checked="" type="checkbox"/> Remove
		Maitland, FL 32751	
MGR	Rainer Richter	1104 Hempel Ave.	<input checked="" type="checkbox"/> Add
		Gotha, FL 34734	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated October 31, 2013



Signature of a member or authorized representative of a member

Michael Oliver

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV -4 AM 11:26