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SECRETARY OF STATE

D. BRUCE

NOV 29 2011

EXAMINER

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Crown Preferred Realty LLC Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Angela E. Damen Name of Person Crown Preferred Reaty LLC Firm/Company
	Firm/Company
	P.O B=x 9455
For furth	P.O. B = x 9455 Address Port St. Lucie, FL 34953 City/State and Zip Code E-mail address: (to be used for future annual report notification) Prim/Company Address Total Address Fig. 20 Total Address City/State and Zip Code E-mail address: (to be used for future annual report notification) Prim/Company Total Address Total A
	Angela Damon at (954) 274 8070 Name of Person at (954) 274 8070 Area Code & Daytime Telephone Number
,	is a check for the following amount: 10 Filing Fee \$\bigsquare \text{\$30.00 Filing Fee & Certificate of Status}\$ 10 Certificate of Status \$\bigsquare \text{\$0.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} 10 Filing Fee \$\bigsquare \text{\$55.00 Filing Fee & Certificate of Status & 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

Crewn Prefer	
(<u>Name of the Limited Liability Clompan</u> (A Florida Limited Li	y as it now appears on our records. ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11 08 11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	11 NOV 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	STATE LORIDA
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	 ,
New Registered Office Address:	Enter Florida street address
	, Florida 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.

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> **Name Address Type of Action** ☐ Add Remove ☐ Add Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Hage G E. / Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00