

L11000143537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

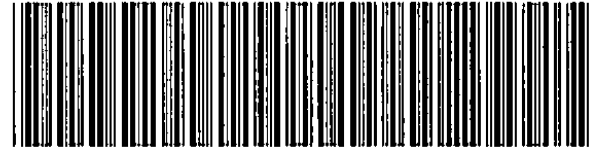
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400354995614

11/16/20--01007--001 **25.00

FILED
2020 NOV 16 PM 5:59

12/17/20
SA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRYSTAL COVE RESORT, 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:

KELLY REDFORD

Name of Person

CRYSTAL COVE RESORT, LLC

Firm/Company

121 CRYSTAL COVE DRIVE

Address

PALATKA, FL 32177

City/State and Zip Code

KELLYRA1986@YAHOO.COM

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

For further information concerning this matter, please call:

KELLY REDFORD

Name of Person

270 366-3033
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

CRYSTAL COVE RESORT, 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 12/22/2011 and assigned Florida document number LI1000143537.

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)

121 CRYSTAL COVE DRIVE
PALATKA, FL 32177

FILED
2020 NOV 16 PM 5:59

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:

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 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

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>
AMBR	SURESH K PATEL	133 CRYSTAL COVE DRIVE	<input type="checkbox"/> Add
		PALATKA, FL 32177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KALIDAS PATEL	133 CRYSTAL COVE DRIVE	<input type="checkbox"/> Add
		PALATKA, FL 32177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARL SALAFRIO	4703 NW 53RD AVE, SUITE B-2	<input type="checkbox"/> Add
		GAINESVILLE, FL 32653	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STEWART WEALTH FUND, LLC	11409 NW 34TH AVE	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACK VOGEL	P.O. BOX 564	<input checked="" type="checkbox"/> Add
		SAN ANTONIO, FL 33576	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 NOV 16 PM 5:59
FILED
RECEIVED
U.S. DEPT. OF JUSTICE
FBI - MIAMI

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

REMOVE CURRENT AUTHORIZED REPRESENTATIVE:

JESSICA D. BOUCHEZ

133 CRYSTAL COVE DRIVE, PALATKA, FL 32177

ADD AS AUTHORIZED REPRESENTATIVE:

DANIELLE SALAFRIO

4703 NW 53RD AVE, SUITE B-2, GAINESVILLE, FL 32653

FILED
2020 NOV 16 PM 5:59

E. Effective date, if other than the date of filing: 11/12/2020 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____

Danielle Salafrio

Signature of a member or authorized representative of a member

DANIELLE SALAFRIO

Typed or printed name of signer

Filing Fee: \$25.00