112000012016

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J. SAULSBERRY EXAMINER APR **9** 2012

COVER LETTER

TO: Registration Division of			``	•	
SUBJECT:	PIL	CROW LLC			
	Name of Lim	nited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	er to the following:			
		PAUL DUVALL			
		Name of Person	-		
		PILCROW LLC		AS 2	್ಷ
		Firm/Company		SECRETI ALLAHA	<u>.</u>
	1980	1980 SADDLEWOOD COURT		EINS	3 _
		Address		ARY C	j
		BARTOW, FL 33830	•	F.S.	
		City/State and Zip Code		8: 25 STATE LORIDA) ^k .
	Pau E-mail address:	llicus_2005@yahoo.com (to be used for future annual report notifica	tion)	± 0	i
For further information	on concerning this matter, please		,		
1	PAUL DUVALL	at (863) 5	34-2918		
Nar	ne of Person	Area Code & Daytime	elephone Number		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	sed)
Reş Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIL	CROW LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appear imited Liability Company)	s on our_records.)	
The Articles of Organization for this Limited Liability Co Florida document number L12000012016	ompany were filed on	ANUARY 25, 2012 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	2:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compar	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2012 ;SE: TALI	
(Principal office address MUST BE A STREET ADDRE	ESS)	ARE ROLL AND	
Enter new mailing address, if applicable:		-S AND SEEL FLO	
(Mailing address MAY BE A POST OFFICE BOX)		ATE.	
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on or ess here:	ur records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	E.	Flori I - to ad all	
	Enter Florida street address		
	City	, Florida 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR → Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	WIBKE POHLE DUVALL	1980 SADDLEWOOD COURT BARTOW, FL 33830	
<u>MGRM</u>	PAUL MASON DUVALL	1980 SADDLEWOOD COURT BARTOW, FL 33830	✓ Add ☐ Remove
			Add Remove
	nding any other information, enter ch Please note: FEI/EIN Number =	nange(s) here: (Attach additional sheets, if necessar	_
			ZOIZ APR -6 AM 8: ALLANIAS SEE, FLOR
Dated	April 4	2012	8: 25 8: 25
	Signature of a men	mber or authorized representative of a member	-
		Paul Duvall	
	Ty	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00