112000013178

(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:
A. LUNT
SEP 10 2012
EXAMINER

Office Use Only



700239085477

09/07/12--01015--025 **25.00

COVER LETTER

TO: Registration So Division of Co		•	,	
SUBJECT:	Crystal Bea	nch Weddings LLC		
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
		David A Stowe		
		Name of Person		
	Crys	tal Beach Weddings LLC		
		Firm/Company		-3 -2
		158 Windrift Dr		3E0
		Address		2012 SEP -7
	Mir	amar Beach, FL, 32550		1.47 - V
		City/State and Zip Code		
	Crystalb E-mail address: (eachweddings@gmail.com to be used for future annual report notific	ation)	
For further information	concerning this matter, please of	call:		in.
Da	avid A Stowe	at (850)	520-0000	
Name of Person		Area Code & Daytime	Telephone Number	_
Paralacad in a share for each	d - 5-11			
Enclosed is a check for the S25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing F	ee
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Certified Cop	Status &
-				
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section	1	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crystal Reach Weddings LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now app. Liability Company	ears on our records.)	·	
The Articles of Organization for this Limited Liability Company	were filed on _	January 27, 2012	and assigned	
Florida document number L12000013178			_	
This amendment is submitted to amend the following:		F C A	12 18 18 18 18 18 18 18 18 18 18 18 18 18	
A. If amending name, enter the new name of the limited liab	oility company h	nere:		
The new name must be distinguishable and end with the words "Lim "L.L.C."	·	Q		
Enter new principal offices address, if applicable:	1150 Airpo	rt Rd #171 Destin, F	L 32541	
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	158 Windrit	ft Dr, Miramar Beac	h, Fl 32550	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		n our records, <u>enter t</u>	the name of the new	
Name of New Registered Agent:	.			
New Registered Office Address:		Enter Florida street add	lress	
	, Florida			
entre distribution	City	, i wiud	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	·•			

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 **Type of Action Title** <u>Name</u> **Address** MGRM **David A Stowe** 158 Windrift Dr ✓ Add Miramar Beach FL 32550 US Remove Geoffrey S Stucki MGRM 356 BILLFISH #4 ✓ Add Remove FT WALTON BEACH FL 32548 US ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 17 Dated ____ Signature of a member or authorized representative of a member David STOWE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00