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SCUPLIANS OF STATE
SCUPLIANSEE, FLORIDA

K.SALY EXAMINER AUG 6 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CRS Investment Group 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:
Luz Maria Rosales Name of Person
CRS Foods LLC. Firm/Company
4464 NW 74th Ave
Hicmi FL 33166 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reinaldo Carballo dr. at (786) 547-5007 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Status

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

10.	FIL	ED) *
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CRS Investment (Name of the Limited Liabile (A Florid	nt Group ity Company as it now a a Limited Liability Comp	Dears on our records.	TARY OF STATE ASSEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document number <u>L 120006387</u>	Company were filed or		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the line CRS Foods LLC. The new name must be distinguishable and end with the way. "L.L.C."			"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		on our records, ente	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street a	address
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
MUR	Carballo I	nvestments Group	Homestead FL 330	Add Remove
MGR	Mexico Mi	o Imports LLC	Homestead FL 53033	- Add Add Remove
				Add Remove
<u>*</u>				Add Remove
			·	Add Remove
		<u>.</u>		Add Remove
D. If amend	ling any other inform	ation, enter change(s	s) here: (Attach additional sheets, if necessary.)	
				_ _
_				_
Dated	- R	le Cui	- U J	
	Rei	ignature of a member or na / Jo Car Typed or	authorized representative of a member Callo Jr. printed name of signee	

Page 2 of 2

Filing Fee: \$25.00