## L120000 1100

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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09/31/23--01007--028 \*\*60.00



R. HUNT 03/3//23

## **COVER LETTER**

Division of Cor	porations		
SUBJECT:	RESCENT	TINE LL	<u>C</u>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Тон	N LYDJARD Name of Person	<del></del>
		TIENE LLC.	
		$42^{\text{nd}}$ S4. Sut B	
	Suras	iota FL. 34	235,
	Magwise 77	City/State and Zip Code ファ	estion
For further information c	concerning this matter, please ca		Curion,
JOHN L	YDIARD	at (917) 239. S	8169
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		,
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

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

CRESCENTINE LLC.

( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L12900074880</u> .	were filed on <i>DG \$5.</i> 24	12 and assigned
This amendment is submitted to amend the following:		
A) If amending name, enter the new name of the limited liabi	lity company here:	
CRESCENTINE, RESEARCH, LA The new name must be distinguishable and contain the words "Limited Liability"	BORATORIES Lity Company," the designation "LLC" or	L.C. the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3939 47 M S SUIT-B Sarasota FL.	34)35
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	19 B 0
	22	

## 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 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.

City

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>	Address	Type of Action
			□Add
			Remove
			□Change
			□ Add
			□Remove
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	<u> </u>
	<del></del>
	MA A
	date, if other than the date of filing: (optional) e 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
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
ie record sp ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 455	7.1.2023
	Thy the
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00