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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Crimson Consulting Associates, 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:
Name of Person
Crimson Consulting Associates, LLC Finn/Company
2033 NW and PL Address
Cace Corol, FL 33993 City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: The Code Code Daytine Telephone Number Name of Person Name of Person Area Code Daytine Telephone Number On the Code Code Code Code Code Code Code Cod
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
City/State and Zip Code **Control Control Con
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (certified Copy (additional copy is enclosed)

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

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 ______ and assigned Florida document number 4 12000115583. 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) 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 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 Fam familiar with and

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

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

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 = Managér AMBR = Authorized Member <u>Title</u> Name Type of Action **∑**Add □ Remove ☐ Change □ Add ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add

☐ Remove

_□ Change

うっょっ、イト	ederic A. Smith Dr.	is my legal
	partner of this 6	
Frederic	A. Smith Dr. is my	famor and
	the original incorpo	
	as not entered into the law firm submit	
I om 2	me son Frederic A. S	and III and
my Sal	ther Frederic A. Sm	. > > - should
De add	ed as a manager	lika mysels
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		FEB CAHA
		21 F
		FLORIE D
: If the date inserted in	In the date of filing: ate must be specific and cannot be prior to date of filing or this block does not meet the applicable statutory filing the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 6 ing requirements, this date will not be I
ecord specifies a de e 90th day after th	layed effective date, but not an effective e record is filed.	time, at 12:01 a.m. on the ear
3/5	7017	
	Signature of a member or authorized representation	we of a member
	Signature of a member or authorized representati	ve of a member

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Filing Fee: \$25.00