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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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S. WARREN JAN 3 0 2018

COVER LETTER

TO: Registration Sect Division of Corpo			
SURFECT. CRE	ESENT CUTT	TAGES II LL ted Liability Company	۷_
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	KEITH	CARTER	
		Name of Person	
		Firm/Company	
	6200 F	LUTILLA DR	UNIT 266
	HOLMES B	EACH FL34	-217
	baithe	EACH FL 34 City/State and Zip Code 101 @ hot mail.	Com
		to be used for future annual report notil	
For further information co	ncerning this matter, please ca	all:	
KEITH	CARTER	at (941) 778 Area Code Daytime	5643
Name of	Person	Area Code Daytine	Telephone Number
Enclosed is a check for the	following amount:		
2 \$25.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	NG ADDRESS: tion Section	STREET/COURI Registration Section	
	of Corporations	Division of Corpor Clifton Building	
	x 6527 see, FL 32314	2661 Executive Ce Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CA CRESENT COTTAGES II LIC
(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
This amendment is submitted to amend the following: (to correct spelling & CRESCENT)
A. If amending name, <u>enter the new name of the limited liability company here</u> :
CRESCENT COTTAGES II LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u> : Name of New Registered Agent:
Name of New Neglacies / Ngoin
New Registered Office Address: Enter Florida street address
, Florida
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 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

$ MGR = M \\ AMBR = A $	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			🗀 Add
			□ Remove
			□ Change
			Ü Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			☐ Remove
			□ Change
			□ Remove
			Ghange
			2 ARI
			Reprove

If amending any other, informați	on, enter change(s) here: (Anach additional sheets, if	necessary.)
		
Ties at an data is athor than the	date of filings	(optional)
document's effective date on the 13		
the record specifies a delayed) The 90th day after the rec	d effective date, but not an effective time, at 12 ord is filed.	ziut a.m. on the earlier of
Dated	8 11/12	*** 3
<i>V</i>	Signature of a member or authorized representative of a member	
	K. L. CARTER	H 29
	Typed or printed name of signee	
	Page 3 of 3	် ကို ၁

Filing Fee: \$25.00