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(Re	equestor's Name)
(Ad	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	Wait Mail
(B	usiness Entity Name)
(Di	ocument Number)
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COVER LETTER

	ion Section f Corporations
SUBJECT:	Crushed It LLC Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Terri Tylene Pressel
	1 Name of Person
	Firm/Company
	1531 Tallavana Trail
	Address
	Havana FL 32333
	City/State and Zip Code + Oressel and Zip Code E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
	Typessel at (850) 31.3-3343 Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing F	ee U\$30.00 Filing Fee & U\$55.00 Filing Fee & U\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

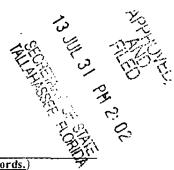
MAILING ADDRESS:

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



Chished	——\				366	
(Name of the Limited L (A F	iability Company lorida Limited Lia	y as it now ap ability Compar	pears on our r ny)	ecords.)	THE STATE OF THE S	
The Articles of Organization for this Limited Lial	bility Company v		1	1	⊠ and assigne	ed .
Florida document number L130000	35592		·	1		
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabil	ity company	here:			
The new name must be distinguishable and end with	al	d Liebilian Co	23 ala ada		C' and a show	
"L.L.C."	the words "Limit	a Liability Co	mpany, the de	esignation "L)	_C or the above	zviátioi
Enter new principal offices address, if applical	ole:	1531	Talla	Lana	15	
(Principal office address MUST BE A STREET	ADDRESS)	_tta	lana	FL :	32333	<u> </u>
						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>					
B. If amending the registered agent and/or registered agent and/or the new registered offi			on our recor	ds, <u>enter ti</u>	ie name of th	ie nev
Name of New Registered Agent:	Terri	Tylene	Hesse	<u> </u>		
New Registered Office Address:	1531	Tallar	ana 1	<u></u>		
	Have	1V\a	Enter Floria		ess 2022:	2
	- (,	City	,	Florida	Zip Code	<u>_</u>

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 **Title Name Address** Type of Action Michael Alton Gordon 2350 Phillips Rd MGRM Terri Tylene Pressel 1531 Tallavana Trail X Add

D. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
Dated _	July 31, 2013.
	Tim In any them &
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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