13000053681

(Requestor's Name)
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(City/State/Zip/Phone #)
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JAN 13 2017 S. YOUNG SECRETARY OF STATE PALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Se Division of Con			
	ke Sales LLC		• .
SUBJECT:	Name of Limit	ed Liability Company	
	Amendment and fee(s) are submondence concerning this matter to	•	
	Bill Chini		
		Name of Person	
	Crystal Lake Property Own	ers' Association Two, Inc.	
		Firm/Company	
	14960 Collier Blvd.		- 50
		Address	
	Naples, FL 34119		JAN 12
	Lillahia i Quahaa aasa	City/State and Zip Code	2 PH 12: 30
	billchini@yahoo.com E-mail address: (to	be used for future annual report notifica	PH 12: 30
For further information c	oncerning this matter, please cal	N:	ö
Bill Chini		239 353-4212	
Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for the	he following amount:		•
□ \$25.00 Filing 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)
	ING ADDRESS: ration Section	STREET/COURIER Registration Section	t ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crystal Lake Sales LLC		
(Name of the Lim	ited Liability Company as it now appears on ((A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited I Florida document number L13000053681	Liability Company were filed on April 11	, 2013 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	PER.
		=
Enter new mailing address, if applicable:		2 33
(Mailing address MAY BE A POST OFFICE	ROV	700
Munning manress MAT BLATOST OFFICE		<u> </u>
		
B. If amending the registered agent and registered agent and/or the new registered of		records, enter the name of the new
Name of New Registered Agent:	Kristine Hansen	
New Registered Office Address:		
	Enter Florida str	eet 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.

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
MGR	Rob R Ducharme	14960 Collier Blvd.	
	•	Naples, FL 34119	■ Remove
	. ,		Change
MGR	Bill Chini	Crystal Lake RV Resort	≣ Add
		14960 Collier Blvd.,	🗖 Remove
		Naples, FL 34119	☐ Change
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			□ CAdd , A
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