

L170000 71262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

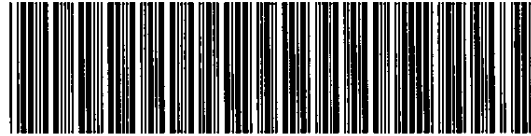
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CROWN WEEKS, 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:

JOSEPH APELL, MANAGING MEMBER  
Name of Person

CROWN WEEKS, LLC  
Firm/Company

16850-112 COLLINS AVE., SUITE 302  
Address

SUNNY ISLES, FLORIDA 33160  
City/State and Zip Code

CROWNWEEKS @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH APELL at ( 888 ) 864-1974  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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**

CROWN WEEKS, LLC

(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 MAY 15, 2013 and assigned Florida document number L13000071262.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NOT APPLICABLE.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NOT APPLICABLE.

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NOT 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:

NOT APPLICABLE.

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.*

NOT APPLICABLE.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	ROBERT MOTTER	16850-112 COLLINS AVE.	<input type="checkbox"/> Add
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		SUITE 302	<input checked="" type="checkbox"/> Remove
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		SUNNY ISLES, FL 33160	
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MGR	JOSEPH APELL	16850-112 COLLINS AVE.	<input checked="" type="checkbox"/> Add
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		SUITE 302	<input type="checkbox"/> Remove
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		SUNNY ISLES, FL 33160	
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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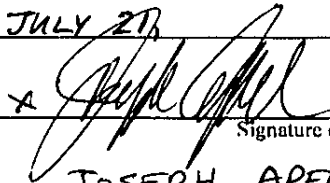
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOT APPLICABLE.

E. Effective date, if other than the date of filing: DATE OF FILING (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 27, 2014.

x 

Signature of a member or authorized representative of a member

JOSEPH APELL, MANAGING MEMBER  
Typed or printed name of signee  
CROWN WEEKS, LLC

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Filing Fee: \$25.00

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