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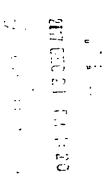
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| CUDIETT. | Crest Realty Serv | vices. LLC | |
|------------------------------|--|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Ken Brower | | |
| | <u> </u> | Name of Person | |
| | Crest Realty Services, LLC | ·. | |
| | **** | Firm/Company | |
| | 6413 Congress Ave, STE | 100 | |
| | | Address | |
| | Boca Raton, FL 33487 | | |
| | | City/State and Zip Code | |
| | kenbrower@crestrealtyserv | ices.net to be used for future annual report noti | (Toution) |
| Car Carlo a in Communication | | | reation |
| For further information (| concerning this matter, please co | att; | |
| Ken Brower | | 954 551-5510 at () | |
| Name (| of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | 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) |
| MAII | INC ADDRESS: | STREET/COURT | FR ADDRESS: |

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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



November 2, 2017

KEN BROWER 6413 CONGRESS AVE STE 100 BOCA RATON, FL 33487

SUBJECT: CREST REALTY SERVICES, LLC

Ref. Number: L13000072804

We have received your document for CREST REALTY SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00022198

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Crest Realty Services, LLC | | |
|---|---|--|
| (Name of the Lim | ited Liability Company as it now apper (A Florida Limited Liability Company) | irs on our records.) |
| he Articles of Organization for this Limited I | Liability Company were filed on $\frac{0}{2}$ | 8/05/2013 and assigned |
| forida document number113000072804 | · | |
| ais amendment is submitted to amend the fol | lowing: | |
| . If amending name, <u>enter the new name c</u> | of the limited liability company b | <u>ere</u> : |
| ne new name must be distinguishable and contain the | words "Limited Liability Company," the | designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if appli | cable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | ,~ 4 BP9 |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Tailing address MAY BE A POST OFFICE | | 24 |
| Tuning undress MAT BE A 1 OST OFFICE | <u></u> | • |
| | | |
| . If amending the registered agent and egistered agent and/or the new registered of | | n our records, enter the name of the |
| Name of New Registered Agent: | Travis Brooke Spell | |
| New Registered Office Address: | 6413 Congress Ave, STE 100 | |
| - year do Tale Tale V | Enter Flo | orida street address |
| | Boca Raton | , Florida <u>33487</u> |
| | 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 |
|--------------|-----------------|---------------------------------|-----------------|
| Broker | T. Brooke Spell | 6413 Congress Ave, STE 100 Boca | ■ Add |
| | | | Remove |
| | | | ☐ Change |
| Broker | Daniel P. Coco | | Add |
| | | 6413 Congress Ave, STE 100 Boca | ■ Remove |
| | | | ☐ Change |
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| Iffective date, if other than the date of filing: (optional) | | | |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6053 lotte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister occument's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies are 10 movember to 10 movember 11 movember 12 movember 12 movember 13 movember 14 movember 15 movember 15 movember 15 movember 16 movember 17 movember 17 movember 17 movember 18 movember 18 movember 19 movemb | | | |
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| Ken Brower Ken Brower | | November 11 2017 | |
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| ! ** | ated | Signature of a member or authorized representative of a member Ken Brower | (c) |
| | ated | Signature of a member or authorized representative of a member Ken Brower | (c) |

Filing Fee: \$25.00