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SECRETARY OF STATE

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## **COVER LETTER**

Division of (	Corporations		
CREPE SUBJECT:	PALACE LLC		
· .	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Gregory Bass		
		Name of Person	
	CREPE PALACE LLC		
		Firm/Company	
	PO BOX 601635		
		Address	<del></del>
	NORTH MIAMI BEACH	, FL 33160	
		City/State and Zip Code	
	bills1233@msn.com		<del></del>
		to be used for future annual report notifi	ication)
For further informatio	n concerning this matter, please co	all:	
Gregory Bass		516 521-9955	
Nan	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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)

TO:

**Registration Section** 

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

CREPE PALACE LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L13000138351</u> .	any were filed on 10/01/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<b>3</b>	34.0
Transpla office and ess moot no horizon months.		短 田 西
Enter new mailing address, if applicable:		LE D VARY OF VARY OF
(Mailing address MAY BE A POST OFFICE BOX)		6 . 13
		RE TO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the name of the ne
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
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.

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>	Name	Address	Type of Action
MGRM	Alexander Bass	PO BOX 601635, North Miami Bei	□ Add
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Tective date, if other than the an effective date is listed, the date mu	e date of filing:  st be specific and cannot be prior to	(optional) date of filing or more than 90 days after filing.) Pu	rsuant to 605.0
ote: If the date inserted in this bocument's effective date on the D		le statutory filing requirements, this date wil	I not be liste
e record specifies a delaye The 90th day after the rec		an effective time, at 12:01 a.m. on	the earlie
February 24th	2018	$\Omega$	
······		· ///	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00