

L14000010027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

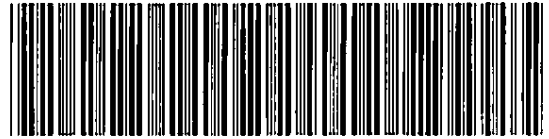
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



300306233563

12/04/17--01007--028 **55.00

FILED

17 DEC -4 PM 11:09

CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

J. LEGGETT
DEC 05 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CROMULENCE 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:

CHELSEA MOLETZ

Name of Person

CROMULENCE LLC

Firm/Company

2101 WAVERLY PLACE SUITE 300

Address

MELBOURNE, FLORIDA 32901

City/State and Zip Code

CHELSEA@CROMULENCE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHELSEA MOLETZ

813 765-1400
at ()

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**

CROMULENCE 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 JANUARY 17, 2014 and assigned
Florida document number L14000010027.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2101 WAVERLY PLACE SUITE 300

MELBOURNE, FL 32901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2101 WAVERLY PLACE SUITE 300

MELBOURNE, FL 32901

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:

JASON WILLIAMS

New Registered Office Address:

2101 WAVERLY PLACE SUITE 300

Enter Florida street address

MELBOURNE

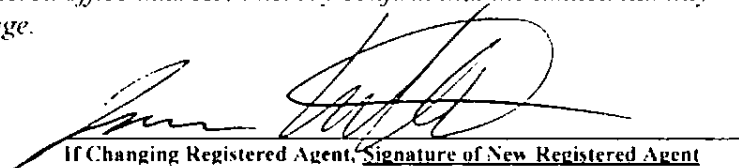
City

Florida 32901

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DEBBIE NUTTALL	3320 TITANIC CIRCLE	<input type="checkbox"/> Add
		INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMES NUTTALL	3320 TITANIC CIRCLE	<input type="checkbox"/> Add
		INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRYCE KERLEY	2655 S BAYSHORE DRIVE	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOHN BERRY	966 MUD POND ROAD	<input checked="" type="checkbox"/> Add
		THETFORD, VT 05075	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 DEC -6 PM 11 03
FALL RIVER, MASS.
U.S. DEPT. OF COMMERCE

FILED
DEC - 6 PM 11 09
17

(If 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 605.0207 (3)(b)



If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

12/1/2017

12/1/2017

Signature of a member or author

Signature of a member or authorized representative of a member

JASON WILLIAMS

Typed or printed name of signee