

L14000010027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

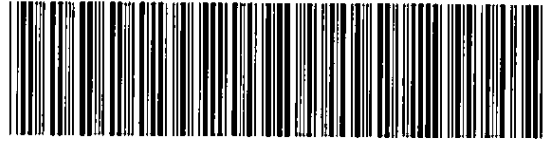
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ADULTS
TALLAHASSEE, FLORIDA

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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 10/19/2023

Acc#120160000072

en: c DW

Name:	CROMULENCE LLC
Document #:	
Order #:	15180428

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Updater _____
Verifier _____
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Amount: \$ **55.00**

Thank you!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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CROMULENCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

Enter new mailing address, if 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
MGR	Jack Kerrigan	705 E. Strawbridge Avenue, Suite 101	<input checked="" type="checkbox"/> Add
		Melbourne, Florida 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steven Pann	705 E. Strawbridge Avenue, Suite 101	<input checked="" type="checkbox"/> Add
		Melbourne, Florida 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Edward R. Zimmer	705 E. Strawbridge Avenue, Suite 101	<input checked="" type="checkbox"/> Add
		Melbourne, Florida 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Mullholland	705 E. Strawbridge Avenue, Suite 101	<input checked="" type="checkbox"/> Add
		Melbourne, Florida 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Seth Haines	705 E. Strawbridge Avenue, Suite 101	<input checked="" type="checkbox"/> Add
		Melbourne, Florida 32901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The Company is a manager-managed limited liability company.

See attached Exhibit A

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TALLAHASSEE, FLORIDA

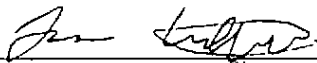
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 19, 2023



Signature of a member or authorized representative of a member

Jason Williams, Manager

Typed or printed name of signee

Filing Fee: \$25.00

Exhibit A

**Additional Sheet to
Articles of Amendment
to
Articles of Organization
Of
Cromulence LLC**

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

Title	Name	Address	Type of Action
MGR	Jason Williams	4156 Lakeglen Drive, Melbourne, FL 32934	Remove
MGR	Bryce Kerley	2843 South Bayshore Drive, Apt. 16B, Miami, FL 33133	Remove
MGR	Chelsea Moritz	1140 Carrigan Blvd., Merritt Island, FL 32952	Remove
MGR	Steve Wood	6780 S Highway A1A, Melbourne, FL 32951	Remove
MGR	John Berry	966 Mud Pond Road, Thetford Center, VT 05075	Remove
MGR	Dustin Frazee	325 Bry Lynn Drive, West Melbourne, FL 32904	Remove
AMBR	Joe Rogers	22639 Beltress Court, Land O' Lakes, FL 34639	Remove

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