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Office Use Only



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SELLE ENCY OF STATE
AT CAHASSEE, FLORIDA

S. WARREN NOV 02 2017

## **COVER LETTER**

TO:	Registration Se Division of Cor					
eno m	CROM, LL					
SUBJE	CT:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please i	return all correspo	ndence concerning this matter	to the following:			
		Samantha Tillman				
			Name of Person			
		CROM, LLC				
	Firm/Company					
	250 SW 36th Terrace Address					
		Gainesville, FL 32607				
			City/State and Zip Code	<del> </del>		
		stillman@cromcorp.com		Tribe and the control		
For fur	ther information c	t:-mail address: ( oncerning this matter, please of	to be used for future annual report i all:	no(meation)		
Samantha Tillman			352 548-3333			
	Name o	f Person	at () Area Code ——Day	time Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$2:	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	El \$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, Ft. 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**

CROM, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recornited Liability Company)	<u>ds.</u> )
he Articles of Organization for this Limited Liability Com	pany were filed on 03/13/2014	and assigned
orida document number 1.14000042855		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	Hability company here:	
te new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
nter new mailing address, if applicable:		
**		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registere gistered agent and/or the new registered office address		ls, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street addre	
	Emer Florida street addre	

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. Oi, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

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
MGR	Talmadge Mincey	250 SW 36th Terrace	<b>≘</b> Add
		Gainesville, FL 32607	□ Remove
		<u></u>	☐ Change
MGR	Robert Oyenarte	250 SW 36th Terrace	Add
-		Gainesville, FL 32607	□ Remove
			Change
MGR	James Copley	250 SW 36th Terrace	
		Gainesville, FL 32607	Remove
			□ Change
			□ Add
			☐ Remove
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ctive date, if other than the d	ate of filing: September 14, 2017	(optional)	
	e specific and cannot be prior to date of filing o k does not meet the applicable statutory fi	or more than 90 days after filing.) Purs	uant to 605.0
at the date inserted in this moc		mig requirements, this date with	ion the fistee
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ecord specifies a delayed ene 90th day after the record of the day after the record of the day after	ed is filed. $\frac{2017}{2017}$		17 00

Filing Fee: \$25.00

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