

L14000043869

(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



200258277732

04/14/14--01035--011 **25.00

2014 APR 15 10:30
2014 APR 15 10:30
2014 APR 15 10:30

B. BOSTICK

APR 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CROD ENTERTAINMENT, 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:

CHRISTOPHER SMITH

Name of Person

COMPUTER SOLUTIONS USA, LLC

Firm/Company

4720 PORTOFINO WAY APT 207

Address

WEST PALM BEACH, FL

City/State and Zip Code

COMPUTERSOLUTIONSUSALLC@GMAIL.COM

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

For further information concerning this matter, please call:

CHRISTOPHER SMITH

Name of Person

at (**561**) **360-8873**

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

CROD ENTERTAINMENT, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	CHEROD A POITIER	1103 GOLDEN LAKES BLVD	<input checked="" type="checkbox"/> Add
		APT 1011	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33411	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 4, 2014

X 

Signature of a member or authorized representative of a member

CHEROD A POITIER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 APR 10 9 53 AM
FILED