

L14 0000 45901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

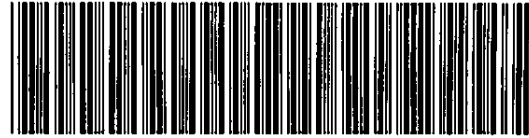
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

65



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2014

JOHN HARBAR  
5520 PGA BLVD SUITE 104  
PALM BEACH GARDENS, FL 33418

SUBJECT: CRICQUET, LLC  
Ref. Number: L14000045901

We have received your document for CRICQUET, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 214A00010856

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cricquet, 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:

John Steven Harbar

Name of Person

Cricquet, LLC

Firm/Company

5520 PGA Blvd. Suite 104

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

jshabar@bellsouth.net

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

For further information concerning this matter, please call:

John S. Harbar

Name of Person

at 561 762-6457

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Cricquet, 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 April 14, 2014 and assigned  
Florida document number L14000045901.

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 end with 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

\_\_\_\_\_, 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 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>
<u>Mgr</u>	<u>John S Harbar</u>	<u>5520 PGA Blvd. #104</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach Gardens, FL 33418</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>Scott R. Guli</u>	<u>5520 PGA Blvd. #104</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach Gardens, FL 33418</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SEAL  
TALLAHASSEE  
FLORIDA  
MAY 27  
2007

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

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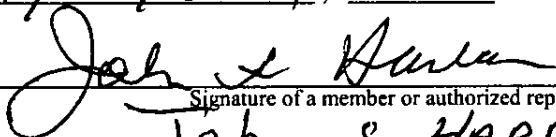
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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

4/14/2014



Signature of a member or authorized representative of a member

John S HARBAR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 MAY 27 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA