Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DALIA ACCOUNTING SERVICE

Account Number: I20040000149 Phone

: (561)478-1777

Fax Number

: (561)478-0567

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRYSTAL WATERFALLS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

(M700006348Z 3) ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF	•	
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CRYSTAL WATERFALLS LLC		and assigned
(Name of the Limited Liability Compa	ny as it now appears on our records	D Top In
(A Florida Limited I	liability Company)	100 mg
The Articles of Organization for this Limited Liability Company	were filed on 07/02/2014	and assigned
lorida document number L14000105393		
·		
This amendment is submitted to amend the following:	į.	
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Lizbil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
	my waterpassing and apprehension and	at the matter contact. Application
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
·		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
,		
3. If amending the registered agent and/or registered of	ffice address on our records	enter the name of the new
egistered agent and/or the new registered office address here		
Name of New Registered Agent:		
No. Designand Office Address	*	
New Registered Office Address:	Enter Florida street address	
		. 15.
	, Flo	rida 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

Page 1 of 3

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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	<u>Name</u>	Address	Type of Action
MGR	Elida M. Tomas Ramirez	523 Colonial Rd Apt B	Add
		West Palm Beach, FL 33405	Remove
			□ Change
			□ Add
			☐ Remove
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			. □ Remove
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Filing Fee: \$25.00

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