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COVER LETTER

Registration Section Division of Corporations CRAWFORD DEVELOPMENT LLC SUBJECT: 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: Eduardo Goudie Name of Person Crawford Development LLC Firm/Company 4970 SW 72 Ave, Suite 102 Address Miami, Fl 33155 City/State and Zip Code eduardo@crawfordresidences.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 6631122 Eduardo Goudie Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **■** \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRAWFORD DEVELOPMENT LLC	j		
(Name of the Limited Liab) (A Florid	lity Company da Limited Liab	as it now appears on our records.) ility Company)	_
The Articles of Organization for this Limited Liability Florida document number 114000170758	Company we	ere filed on 11/03/2104 and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liabilit	y company here:	
The new name must be distinguishable and contain the words "Li	mited Liability	Company," the designation "LLC" or the abbreviatio	SEC.
Enter new principal offices address, if applicable:	_		A AREA
(Principal office address MUST BE A STREET ADD	PRESS)		ARY OF A
	_		STATI FLORI
Enter new mailing address, if applicable:	-		J Om
(Mailing address MAY BE A POST OFFICE BOX)	-		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:		e address on our records, <u>enter the nan</u>	ne of the new
New Registered Office Address:	<u> </u>	Enter Florida street address	
		, Florida	
New Registered Agent's Signature, if changing Register	rad Aganti	Σφ ζε	ae
			1 14 4
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete pe agent as pro red office ad	rformance of my duties, and I am familiar ovided for in Chapter 605, F.S. Or, if this d	with and ocument is
	If Changir	ng Registered Agent, Signature of New Registered A	igent

Page 1 of 3

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ENRIQUE GOUDIE	970 SW 72 AVE SUITE 102	
		MIAMI, FL 33155	■ Remove
			Change
			
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ective date, if other than the date of filing: $\underline{}^{1/1}$	11/2018		(optional)		
n effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the	ot be prior to date	of filing or more than	90 days after filing.)	Pursuant to 605 will not be list	5.020 ed a
cument's effective date on the Department of State's					
record specifies a delayed effective date,	but not an e	effective time, a	at 12:01 a.m. o	on the earli	er c
he 90th day after the record is filed.					
ted 1/11/2018					
^{cu} - ⁷ - ⁷ -	·				
Signature of a memb	er or authorized r	presentative of a me	mber		
-	ļ	· 			
EDUARDO GOUDIE	ed or printed name				

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Filing Fee: \$25.00