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SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 2 6 2015 J SHIVERS



October 15, 2015

KENNETH BETANCOURT 8900 NW 107TH CT UNIT 222 DORAL, FL 33178

SUBJECT: CRISCO GLOBAL SERVICES, LLC

Ref. Number: L14000178551

We have received your document for CRISCO GLOBAL SERVICES, 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 315A00021832



	CRISCO GLOBAL SERVICES, LLC
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.
Please re	urn all correspondence concerning this matter to the following:
	KENNETH BETANCOURT
	Name of Person
	Firm/Company
	Firm/Company
	8900 NW 107th CT UNIT 222
	Address
	DORAL / FLORIDA / 33178
	City/State and Zip Code
	kenneth@criscoglobal.com
	E-mail address: (to be used for future annual report notification)
For furth	r information concerning this matter, please call:
	H BETANCOURT 786 6305827
KENNE	at ()

MAILING ADDRESS:

■ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRISCO GLOBAL SERVICES, I						
(Name of the Lim	(A Florida Limited)	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited I Plorida document number L14000178551	Liability Company	were filed on 11/18/2014 and assigned				
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
N/A						
he new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		8900 NW 107th CT UNIT #222				
		DORAL, FLORIDA, 33178				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8900 NW 107th CT UNIT #222 DORAL, FLORIDA, 33178				
3. If amending the registered agent and egistered agent and/or the new registered of		ffice address on our records, enter the name of the n				
Name of New Registered Agent:	N/A	SS S primer				
New Registered Office Address:	N/A					
		Enter Florida street address				
		, Florida Sip Code				
		2.5 0046				

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 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	HARRELL MATUTE	8900 NW 107th CT UNIT #222	Add
		DORAL, FLORIDA, 33178	☐ Remove
			☐ Change
N/A	N/A	N/A	Add
			□ Remove
N/A	N/A 	N/A	Add
			□ Remove
			Change
N/A	N/A 	N/A	Add
			☐ Remove
	·		☐ Change
N/A	N/A	N/A	☐ Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			☐ Change
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ctive date, if oth	er than the date	of filing:			(options	al)	
effective date is listed in the control of the date inser	d, the date must be sp ted in this block do late on the Departn	ecific and cannot be ses not meet the a	e prior to date of fi applicable statute	ling or more that	n 90 days after fili	ng.) Pursuant to	605.0 listed
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Typed or printed name of signee

Filing Fee: \$25.00