L1500012495

(Re	questor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Sect Division of Corp			
SUBJECT: Casi	Now of Di	berville, LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Brad	ford Porter Name of Person	
	Cash No	W of Diberville Firm/Company	LLC
	301 W	Mico Cir. Address	
	Desth	FL 32541 City/State and Zip Code	
	E-mail address: (0	1120 O yahoo.com to be used for Juture annual report notifi	cation)
For further information co	ncerning this matter, please co	all:	
Bradford Name of	1 Porter Person	at (<u>850)</u> <u>S02-</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED .

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Cash Now of (Name of the Limited Liab)	Diberville, LL lity Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L150001244</u>	Company were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line Crest Motorcars, LL The new name must be distinguishable and contain the words "Li	C	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	(RESS)	
Enter new mailing address, if applicable: (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		cords, enter the name of the nev
Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida street	address
N-1	City	, Florida Zıp 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 Authorized Person(s) authorized to manage,	enter the title,	name, ar	<u>id addre</u>	ss of each	person	being	<u>added</u>
or removed from our records:							

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
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ective date,	if other than the	e date of filing	;			(optional)	₹SE !
e: If the dat	if other than the is listed, the date mu e inserted in this b	łock does not m	eet the applical	odate of filing or ole statutory fili	more than 90 da ng requiremen	ys after filing) Pi its, this date wi	irsuant कि (00) .02। Il not हिन्स सिंहरी ह
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Filing Fee: \$25.00