# L/500055617

(Re	equestor's Name)	
(Ac	ldress)	<u></u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

K.SALY Examiner NOV 20 2015

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Crabbree & Auslander 222  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:
Emily Cabrera  Name of Person  Crabbree & Avslander  Firm/Company  240 Crandon Blud Ste 101  Address  Key Bis Cay no FL 33/49  City/State and Zip Code  ecabrera accabbree law. com
E-mail address: (to be used for tuture annual report notification)
For further information concerning this matter, please call:
Same of Person at (305) 36/37+6  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ Certificate of Status \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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 Cyabbree A Justanian Justinian J

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:

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

New Registered Office Address:

240 Crandon Blud See

Enter Florida street address

Key Biscayne

\_, Florida

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

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Emily Cabrera	246 Crahdon Blud	Add
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		Stc 101 Key Biseagne Fl 3311	79 □ Change
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ctive date, if other than the date of filing effective date is listed, the date must be specific and	cannot be prior to date of fi	ling or more than 90 days at	otional) fter filing.) Pursuant to 605.0207
If the date inserted in this block does not rement's effective date on the Department of S	eet the applicable statut ate's records.	ory filing requirements, t	this date will not be listed as
ecord specifies a delayed effective one of the secord is filed.	ate, but not an effe	ctive time, at 12:0:	I a.m. on the earlier o
November 16	2015.		
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Page 3 of 3

Filing Fee: \$25.00