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APR 26 2016

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Red Liov Name of Lim	CRF LL C		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Keny	Name of Person		
	RED	LION CRELLO	<u></u>	
	2643	Gulf Stream	Lane	
F	orthaudendale, Fl	City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	ication)	
For further information c	oncerning this matter, please ca	all:	ŠĘ6	2016
Meny AT	A AllAiN	at (<u>917</u>) <u>653</u> Area Code Daytime	8584 Telephone Number	R I
Enclosed is a check for the	he following amount:		CELFLOR	25 P 3
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.09 Filing Certificate of Certified Co (additional cop	f 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

Red Lion CRI	E LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records, bility Company))		
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on $\frac{7/22/2}{}$	015	and a	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the ab	obreviation '	L.L.C.
Enter new principal offices address, if applicable:	NA			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office gistered agent and/or the new registered office address here:	ce address on our records,	enter	the nam	e-of-the new
Name of New Registered Agent:	₩A	ASSEE.	R 25 I	m
New Registered Office Address:	NA	TST.	ا بب	O
	Enter Florida street address	e Ai	50	
	, Flo	rida	Zip Cod	le

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

Title	<u>Name</u>	Address	Type of Action
Title (AMBR) Coowner	Cheopatra Allain	604 Monroe Street unit 1, Brooklyn, Ny 1122	1_ I Add
	•		□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
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		TALLES AND	Remove
		AHASSE	Change
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			□ Remove
			Change

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Effective date, if other than the date of filing: (op	tional)
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days affective. If the date inserted in this block does not meet the applicable statutory filing requirements, the statutory filing requirements of the statutory filing requirements.	his date will not be listed as
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	
The Journaly after the record is filed.	216
and with south	AHA T
Dated April 11 , 2016.	R 2
	Hara Car
Signature of a member or authorized representative of a member	
organizate of a memory of dunionized representative of a memory	,
Signature of a member of authorized representative of a member	STATE OF STA

Page 3 of 3

Filing Fee: \$25.00