

L15000178546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

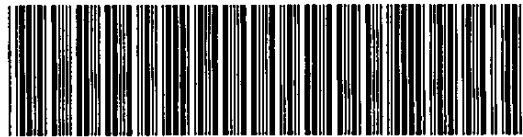
(Business Entity Name)

(Document Number)

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L15-178546

Amend

11/05/15--01022--003 \*\*25.00

FILED  
16 JAN -4 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN -4 2016

N. CAUSSEAU

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CRDesigns,LLC.

\_\_\_\_\_  
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:

Rochelle B. Sallee

\_\_\_\_\_  
Name of Person

CRDesigns,LLC.

\_\_\_\_\_  
Firm/Company

241 Watercrest St.

\_\_\_\_\_  
Address

Sebastian, FL 32958

\_\_\_\_\_  
City/State and Zip Code

CRDesignsllc@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rochelle sallee

772 202-7122  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2015

ROCHELLE B. SALLEE  
CRDESIGNS, LLC  
241 WATERCREST STREET  
SEBASTIAN, FL 32958

SUBJECT: CRDESIGNS,LLC  
Ref. Number: L15000178546

We have received your document for CRDESIGNS,LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must state the name of the limited liability company and the document registration on Page 1 one the Amendment form.

Please return 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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 715A00023536

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

X CR Designs, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-20-2015 and assigned

X Florida document number L15000178546

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Rochelle B. Sallee

New Registered Office Address:

241 Watercrest St

Enter Florida street address

Sebastian

City

Florida

32958

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.

Rochelle B Sallee

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Charlotte B. Sallee	241 Watercrest St., Sebastian FL 32958	<input checked="" type="checkbox"/> Add

☐ Remove

☐ Change

MGR/MBR Rochelle B. Sallee

241 Watercrest St

☒ Add

Manager/Member

Sebastian FL 32958

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

16 JAN -4 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN -4 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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E. Effective date, if other than the date of filing: Oct. 28, 2015 1-01-2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 25, 2015

Prokure B Sar

Signature of a member or authorized representative of a member

**Rochelle B. Sallee**

Typed or printed name of signee