

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations				
	Fax Number	: (850)617-6383			
From:					
	Account Name	: FASTKIT CORP			
	Account Number	: 12010000009			
	Phone	: (305)599-0839			
	Fax Number	: (305)592-9591			

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

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ARTICLES OF AMENDMENT	•
ТО	
ARTICLES OF ORGANIZATION	200.00 31 AHH:00
OF	
CRAWLEY RESOURCES, LLC	
(Name of the Limited Liability Company as it now appears on our record (A Fiorida Limited Liability Company)	<u>م</u>
The Articles of Organization for this Limited Liability Company were filed on 11/25/2015	and assigned
Florida document number L15000198757	
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)	······································
	<u>,</u>
B. If amending the registered agent and/or registered office address on our records, <u>enter</u> agent and/or the new registered office address here:	the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florido street addres	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

Zip Code

.

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>	Name	Address	Type of Action
AMBR, MGR	Jorge Cherrez	1221 Brickell Avenue	🗆 Add
		Suite 900	Remove
		Miami, FL 33131	□ Change
MGR	Argonaut FL, LLC	1221 Brickell Avenue	🗷 Add
		Suite 900	🗆 Remove
		Miani, FL 33131	🗆 Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ____ (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. ってん Dated _ Signature of a member or authorized a siember longs afenns Typed or printed name of signce