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(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
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COVER LETTER

SUBJECT:	C	CRE365 LLC			
<u>-</u>	Name of Lim	tited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALEJANDRO CASABLANCA				
	Name of Person				
	CRE365 LLC				
	Firm/Company				
	13218 PHOENIX DR.				
		Address			
	ORLANDO, FL 32828				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report noti	lication)		
For further information c	oncerning this matter, please co	all:			
		at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	ne 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:

TO:

Registration Section Division of Corporations

> 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 ARTICLES OF ORGANIZATION **OF**

CRE365 L	.LC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed onJANUARY 28, 2016	3 and assigned
Florida document number <u>L16000020066</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
		•
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abl	5 10 -
Enter new principal offices address, if applicable:	13218 PHOENIX DR	显 写 一
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32828	0.23
		2 111
	42240 DUĆENIV DD	7:5
Enter new mailing address, if applicable:	13218 PHOENIX DR	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32828	
B. If amending the registered agent and/or registered offi	ica addrass on our records antar	the name of the ne
registered agent and/or the new registered office address here:		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zφ Code .

New Registered Agent's Signature, if changing Registered Agent:

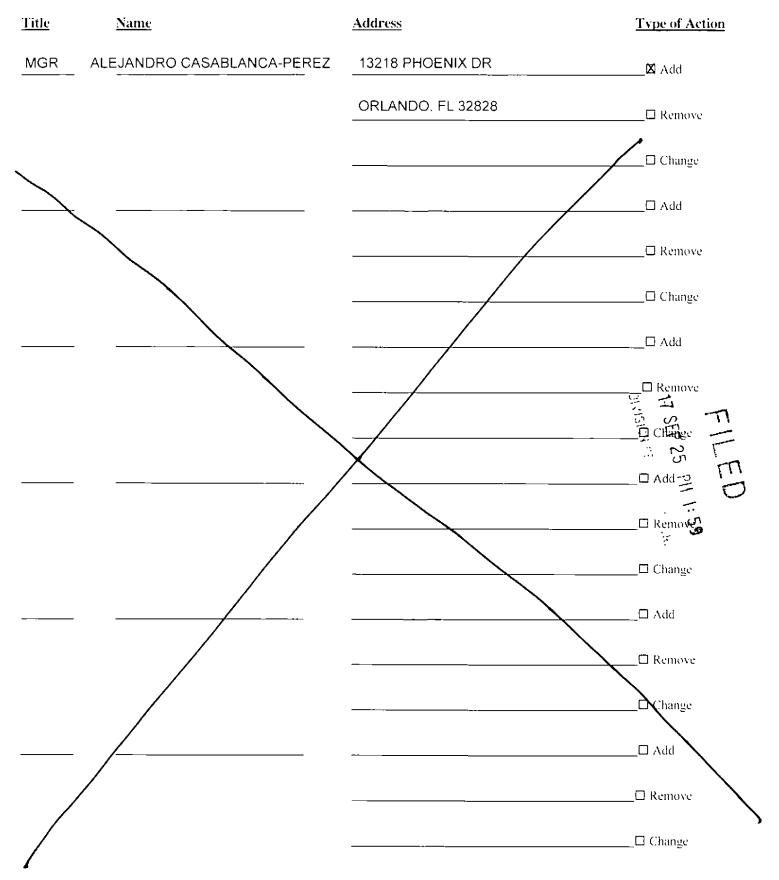
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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, <u>enter the title, name, and address of each person_being added</u> or <u>removed from our records</u>:

MGR = Manager

AMBR = Authorized Member



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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 (fling.) 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 _____SEPTEMBER 25 Signature of a member of authorized representative

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Filing Fee: \$25.00