

L16000 031902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 AUG -3 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 09 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reynes 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:

Reynes Espaillet
Name of Person

Reynes, LLC.
Firm/Company

11617 W. Harmony Lakes Cir.
Address

Davie, FL 33324
City/State and Zip Code

Cre0310@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reynes Espaillet at (954) 638-6474
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

July 22, 2016

REYNES ESPAILLAT
1617 W HARMONY LAKES CIR
DAVIE, FL 33324

SUBJECT: REYNES LLC
Ref. Number: L16000031902

RECEIVED
2016 AUG -8 PM 3:44
TALLAHASSEE, FLORIDA

We have received your document for REYNES 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 failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L14000081568.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00014270

RECEIVED
16 AUG -8 AM 10:45
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2016

REYNES ESPAILLAT
1617 W HARMONY LAKES CIR
DAVIE, FL 33324

SUBJECT: REYNES LLC
Ref. Number: L16000031902

2016 JUL 22 AM 11:29
RECEIVED
TALLAHASSEE, FLORIDA

We have received your document for REYNES 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00014270

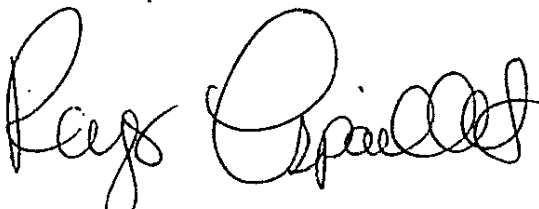
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

July 18, 2016

To Whom It May Concern,

I would like to notify you that I, Reynes Espaillat, owner of CRNC LLC have no intention of reregistering this business. I would like you to release this business name, so that it can be used again with the accompanying documents being sent in this package. Thank you very much for your help in resolving this matter as quickly as possible. If you have any questions please call me at 954-638-6474 or my husband Carlo Espaillat at 954-668-6722.

Respectfully,

A handwritten signature in cursive script, appearing to read 'Reynes Espaillat'.

Reynes Espaillat

FILED
16 AUG -8 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Reynes 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 02/15/2016 and assigned
Florida document number L16000031902.

This amendment is submitted to amend the following:

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

CRNC LLC

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)

1617 W. Harmony Lakes Cir.
Davie, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

City, 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

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>
MGR	Carlo Espaillat	1617 W. Harmony	<input checked="" type="checkbox"/> Add
		Lakes Cir.	<input type="checkbox"/> Remove
		Davie, FL 33324	<input type="checkbox"/> Change
MGR	Beatriz Alfonso	11641 NW 33 St.	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

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.

Dated June 29, 2016

Signature of a member or authorized representative
Reynes Espaillet
Typed or printed name of signee

Filing Fee: \$25.00

16 NOV -8 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA