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COVER LETTER

Division of Corporations
SUBJECT: CRYSTAL BALLACOM MANAGEMENT LLC Name of Limited Liability Company
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:
. ^
LUKASZ ROGO WSKI Name of Person
Name of Person
TAL MANAGEMENT & THVESTMENTS LL
Firm/Company
861 BALLOUBH ROAD
Address
DAYTONA BEACH FL 32/14 City/State and Zip Code FICK @ hmrcpa.net E-mail address: (to be used for future annual report notification)
City/State and Zip Code
MCK @ hmrcpa.net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RICHARO MANN at (407) 322 4854 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

[RYSTAL BALLROO	om MANA	GEMENT	LLC			
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears of ability Company)	n our records.)		_		
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on	5-31-16	and	assigne	:d	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability						
Truest The new name must be distinguishable and contain the words "Limited Liability"	y Company," the design	gnation "LLC" or the	abbreviation	"L.L.C.		
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)				<i>C1</i>		
			<u> </u>	_=	·	
				(S)		
Enter new mailing address, if applicable:			71.		- 31	
(Mailing address MAY BE A POST OFFICE BOX)			<u>ي:</u> م			
			<u> </u>	<u>رن</u> - دن		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		ur records, <u>ente</u>	r the nan	<u>ie of t</u>	he new	
Name of New Registered Agent:			1.00.1			
New Registered Office Address:						
	Enter Florida	street address				
	, Florie			laZip Code		
New Registered Agent's Signature, if changing Registered Agent:	City		ZIP Co.	ze .		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my ovided for in Cha	duties, and I am pter 605, F.S. Or	familiar v ; if this do	with an ocumen	d	

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> Name <u>Address</u> Type of Action _□ Add _□ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add □ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add Remove Change □ C D Add-Remove _□ Change

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