

08/10/2016

08:12 PDT

NO: 16000195693

FROM: 5619650938

Page: 2

H160001956933

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000195693 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEGACY TAX, INC.  
Account Number : I20120000069  
Phone : (561)683-3000  
Fax Number : (561)965-0938

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 AUG 10 AM 9:36

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

Email Address: LEGACYTAXCORPS@GMAIL.COM

2016 AUG 10 AM 11:16

TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CREWCIAL, LLC**

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AUG 11 2016

S. YOUNG

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CREWCIAL, 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:

ARNALDO J COUCELO

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

LEGACY TAX, INC.

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

1818 S AUSTRALIAN AVENUE, SUITE 202

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33409

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

LEGACYTAXCORPS@GMAIL.COM

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

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 AUG 10 AM 9:36

For further information concerning this matter, please call:

ARNALDO J COUCELO

at ( 561 ) 683-3000

\_\_\_\_\_  
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

H160001956933

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H160001956933

CREWCIAL, 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 7/5/2016 and assigned  
Florida document number L16000126417.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

City

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

H160001956933

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	JEFF COURSEY	6441 SAND HILLS CIR	<input type="checkbox"/> Add
		LAKE WORTH, FL 33463	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA  
26 AUG 10 AM 9:36

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) H160001956933

N/A

16 AUG 10 AM 9:36

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TALLAHASSEE, FLORIDA

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.

Dated AUGUST 9, 2016

Signature of a member or authorized representative of a member

JEFF COURSEY

Typed or printed name of signee

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