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(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co		•	•
PACIFIC SUBJECT:	CREST HOLDINGS LLC		
300JEC 1.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Matt Cetta		
		Name of Person	
		Firm/Company	
	1101 S Belcher Rd. Suite	F1	_
		Address	
	Largo, FL 33771		
	mcetta@gosbsit.com	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Matt Cetta		727 6980720 at ()	
Name e	of Person		ne Telephone Number
Enclosed is a check for t	he 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 of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Coi The Centre of T 2415 N. Monro	rporations
		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PACIFIC CREST HOLDINGS 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 07/12/2016 and assigned Florida document number $\frac{L16000130966}{}$ 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 "LLC." 1101 S. Belcher Rd. Suite F1 Enter new principal offices address, if applicable: Largo, FL 33771 (Principal office address MUST BE A STREET ADDRESS) 1101 S. Belcher Rd. Suite F1 Enter new mailing address, if applicable: Largo, FL 33771 (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: 1101 S. Belcher Rd. Suite F1 New Registered Office Address: Enter Florida street address Largo

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.

Cuv

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
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n effect i <u>te:</u> - If	ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumen	t's effective date on the Department of State's records.
cord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ted	11/72/2021.
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	Signature of a member or authorized representative of a member

Filing Fee: \$25.00