# 116000161798

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Dc	ocument Number)	
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# **COVER LETTER**

10:	Division of Cor		ı,		
SUBJEC	CR GENER	RAL SERVICES, LLC			
Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	indence concerning this matter	to the following:		
		CHRISTIANE P ROSA			
			Name of Person	<del></del>	
		CR GENERAL SERVICE	S. LLC		
			Firm/Company	<u> </u>	
		4634 SW 12 CT			
			Address		
		DEERFIELD BEACH, FL	. 33442		
		chris-and-michelle@hotmai	City/State and Zip Code		
		E-mail address: (	to be used for future annual report notifi	ication)	
For furthe	er information co	oncerning this matter, please ca	alt:		
CHRIST	IANE P ROSA		954 861-7127 at ( )		
	Name of	Person		Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CR GENERAL SERVICES, LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on 08/29/2016 and assigned
Ftorida document number L16000161798	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u></u>
	20 Si
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	_ 9 T
<del>-</del>	
B. If amending the registered agent and/or register	red office address on our records, enterethe name of the ne
registered agent and/or the new registered office addres	ss here:
N	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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>	Address	Type of Action
MGR	RAFAEL S GOMES	4634 SW 12 CT DEERFIELD BEACH, FL 33442	
		<del></del>	■ Remove
			Change
MGR	MICHELLE ROSA SOARES	4634 SW 12 CT DEERFIELD BEACH, FL 33442	Add
			Remove
		<del></del>	Change
			☐ Remove
			Change
		<del></del>	□ Remove
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rote: II	e date, if other than the tive date is listed, the date m the date inserted in this it's effective date on the	block does not meet ti	he applicable sta	f filing or more than 90 tutory filing requires	optional)  days after filing.) Pursuan nents, this date will not	nt to 605.0207 be listed as
ne reco The 9	rd specifies a delaye Oth day after the re	ed effective date, cord is filed.	but not an e	fective time, at	12:01 a.m. on the	earlier o
Dated No	OVEMBER 2	20	19			
		- Chris	Finbell	anghosa	<i>-</i> -	

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Typed or printed name of signee

Filing Fee: \$25.00