# 46000112453

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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# **COVER LETTER**

T	D: Registration Se Division of Cor					
C1	m ie <i>c</i> e.	Crystal F	Partners, LLC			
St	JBJECT:	Name of Lim	ited Liability Company			
Th	e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Ple	ease return all correspo	ndence concerning this matter	to the following:			
			Sonia Becerra		_	
			Name of Person			
			Swyft Filings, LLC			
	Firm/Company					
		12	605 East Freeway, Suite 509			
	Address				<del></del>	
			Houston, Texas 77015			
			City/State and Zip Code		_	
			filings@swyftfilings.com		<b>3</b>	
		E-mail address: (	to be used for future annual report notifi	cation)	2017 SEC ALL	
Fo	r further information c	oncerning this matter, please c	all:		RE TA	FILE
	Sonia B	ecerra	at (877 ) 777-045	io	20 SEE	
En	Name o	f Person  ne following amount:		Telephone Numb	P 3 24 OF STATE of LORIDA	O
X	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

### **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

Crystal Partne	ers, LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL16000172453	were filed on	09/15/201	6	_ and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	ere:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	esignation "LLC" o	or the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable: 11882 Rocio Street APT			1705		
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers,	FL 33912			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					w**
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records,	enter di		of the n
	<b>E•</b>		ETARY HASSE	MAR 20	
Name of New Registered Agent:	<del></del>		بير ليد. س	7)	m
New Registered Office Address:	Enter Flor	ida street address	STATE LORID,	<u>Ψ</u>	0
	Cin	, Flori		<b>Z</b> ip Code	• •
	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

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>	Type of Action
AMBR	Rachele L Mills	1309 Caloosa Vista Rd.	Add
		Fort Myers, FL 33901	Remove
			Change
AMBR	Rachele L Mills	11882 Rocio Street APT 1705	<b>X</b> Add
		Fort Myers, FL 33912	Remove
			Change
			Add
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ffective date, if other than the date of an effective date is listed, the date must be spec-	f filing:		(0)	ES (lention	w
an effective date is listed, the date must be spec	rific and cannot be prior	to date of filing o	r more than 90 days a	fler filing Pursua	ntus 605.02
ote: If the date inserted in this block doe ocument's effective date on the Departme	ent of State's records.	able statutory in	ing requirements,	this date will no	t be listed a
e record specifies a delayed effec The 90th day after the record is	tive date, but not filed.	t an effectiv	e time, at 12:0	1 a.m. on the	e earlier (
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ated March 10	, 2017	•			
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Filing Fee: \$25.00