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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	ystal River Name of Lim	Linstruction LLC	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Sign	Name of Person		
	10730 M	Address		
	Source 9. E-mail address: (1	P1. 3335 J City/State and Zip Code 11 REstors 1-104. Com to be used for future annual report notifi	ication)	
Division of Corporations				
Name of	MOONAN Person	at (<u>954</u>) <u>'747-7</u> Area Code Daytime	Telephone Number	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CRYSTAL KIVER CONSTRU	etion LLC
(Name of the Limited Liability Com (A Florida Limited	<u>pany as it how appears on our records.</u>) d Liability Company)
The Articles of Organization for this Limited Liability Compar	•
Florida document number <u>L/6000197.560</u> .	<i>'</i>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(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 he	ere:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agen	·
	
nereby accept the appointment as registered agent and ag	gree 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 Agen

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Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member **Address Type of Action Title** <u>Name</u> 10730 NW 53 StREET □ Remove ☐ Change □ Add ☐ Remove _□ Change _ Add ☐ Remove _ Change □ Add _□ Remove _ Change □ Add **≌**□ Remove **□ R**emove ☐ Change

. 11 aiii	nding any other information, enter change(s) here: (Attach additional sheets, i	j necessury.j	
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Note:	ve date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day If the date inserted in this block does not meet the applicable statutory filing requirement ent's effective date on the Department of State's records.	(optional) ss after filing.) Pursuant to ts, this date will not be	605.0207 (listed as t
docum	ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12 90th day after the record is filed.	:01 a.m. on the ea	rlier of:
Dated	MARG L. HAN	2017 K	7
	Signature of a member or authorized representative of a member	ESSAIN OC. PR	
	Doug NEWHAWS Typed or printed name of signee	777	ED
		STA.	_
	Page 3 of 3	京 二	

Filing Fee: \$25.00