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Special Instructions to Filing Officer:			
	Office Use Only		

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2017

CARLOS MALDONADO 3357 KELSEY LN ST CLOUD, FL 34772

SUBJECT: CRMM TRANSPORT LLC Ref. Number: L17000065053

i 2017 APR 26

:..: iVI

We have received your document for CRMM TRANSPORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 917A00007397

## TO: Registration Section Division of Corporations

CRMM TRANSPORT LLC SUBJECT:

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:

Carlos R Maldonado

Name of Person

CRMM TRANSPORT LLC

Firm/Company

3357 Kelsey Ln

Address

Saint Cloud, FL 34772

City/State and Zip Code

crmm1969@yahoo.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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 Taltahassee, 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

CRMM TRANSPORT LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our <u>records.</u> ) Jabilny Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000065053</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ity 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)		<u> </u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	CARLOS R MALDOWADO	
New Registered Office Address:	3357 KELSEY LN	
	Enter Florida street address	
	SAINT CLOUD JElorida 34777	1
	City Zıp 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.

Call R. Maldonida

If Changing Registered Agent, Signature of New Registered Agent

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

## MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	CARLOS R MALDONADO	3357 KELSEY LN	<b>X</b> Add
		ST. CLOUD FL 34772	Remove
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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.

AP	2 <sup>2</sup> R1L 13	
	Carls R Mo Signature of a men	ber or authorized representative of a member
	CARLOS R MALDONADO	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00