

L17000174640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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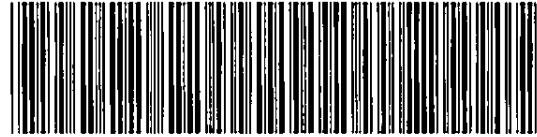
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/13/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOCAL CREW LLC
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:

Jorge J. McCormick Jr.
Name of Person

Local Crew LLC
Firm/Company

4384 Wellington Court
Address

Pace FL 32571
City/State and Zip Code

2LOCALCREW@MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge J. McCormick Jr. at 850 485 8484
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

LOCAL CREW 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 8-16-17 and assigned
Florida document number L17000174640

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Local Crew LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4384 Wellington Ct
Pace FL 32571

Pace Florida 32571
City State Zip Code

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TALLAHASSEE, FLORIDA

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:

Jorge J McCormick Jr.

New Registered Office Address:

4384 Wellington Ct Pace FL

Enter Florida street address

Pace
City

Florida
State

32571
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.

Jorge J. McCormick
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>	<u>Type of Action</u>
AMBR	Jorge J. McCormick	4384 Wellington Ct	<input checked="" type="checkbox"/> Add
		Pace FL 32571	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Darrin THAXTON	7 Talladega Trail	<input checked="" type="checkbox"/> Add
		Pensacola FL	<input type="checkbox"/> Remove
		32506	<input type="checkbox"/> Change
MGR	Christopher Tilley	2717 Bellview Ave	<input checked="" type="checkbox"/> Add
		Pensacola FL	<input type="checkbox"/> Remove
		32526	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9.5.17

George J. McCormick Jr.
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Jorge J. McCormick Jr

Typed or printed name of signee