

L17000179553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

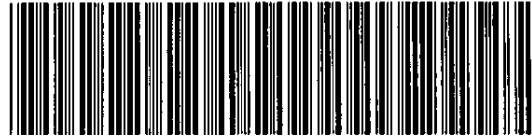
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900303609129

900303609129  
09/20/17--01002--016 \*\*25.00

FILED  
SEP 20 AM 10:05  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

SEP 20 AM 3:44  
RECEIVED  
SEP 20 2017

D. SCOTT  
SEP 21 2017

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(850) 656-4724*

DATE 9/20/17  
**\*\*WALK IN\*\***

ENTITY NAME CRD Federal LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

X

Plain Copy

\_\_\_\_\_

Certified Copy

\_\_\_\_\_

Certificate of Status

\_\_\_\_\_

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_

Certified Copy of Arts & Amendments

\_\_\_\_\_

Certificate of Good Standing

\_\_\_\_\_

FILED  
SEP 20 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL \$ OWED 25.00

CHECK # 4048

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CRD Federal 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ( Area Code )

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
17 SEP 20 AM 10:06  
TALLAHASSEE, FL  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CRD Federal 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 August 22, 2017 and assigned  
Florida document number L17000179553.

This amendment is submitted to amend the following:

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

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)

**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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Type of Action</u>
MGR	MICHAEL SLAVEN	225 W. HUBBARD, 4TH FLOOR	<input type="checkbox"/> Add
		CHICAGO, IL 60654	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PETER SLAVEN	225 W. HUBBARD, 4TH FLOOR	<input type="checkbox"/> Add
		CHICAGO, IL 60654	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JANE SLAVEN	967 HILLSBORO MILE	<input type="checkbox"/> Add
		HILLSBORO BEACH, FL 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CRD FEDERAL MANAGER LLC	225 W. HUBBARD, 4TH FLOOR	<input checked="" type="checkbox"/> Add
		CHICAGO, IL 60654	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
SEP 20 10 10 AM '09  
FEDERAL RESERVE BANK  
CHICAGO, ILL.

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

*[Signature]* Signature

Typed or printed name of signee

FILED  
17 SEP 20 AM 05  
ST. LOUIS, MO  
FBI