

# L17000217689

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

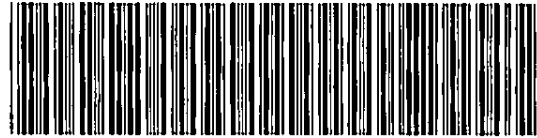
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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JUN 07 2019  
S. YOUNG

FILED  
19 MAY 20 AM 8:13

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CRU CUPS 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:

KEVIN LANG

\_\_\_\_\_  
Name of Person

CRU CUPS LLC

\_\_\_\_\_  
Firm/Company

1748 INDEPENDENCE BLVD STE G2

\_\_\_\_\_  
Address

SARASOTA FL, 34234

\_\_\_\_\_  
City/State and Zip Code

kevin@crucups.com

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

For further information concerning this matter, please call:

KEVIN LANG

515 868-9442  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input 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 checked="" 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



**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>
OWNER	CLIFFORD LEE BURLESON	4627 SUMMER OAK AVE E SARASOTA FL, 34243	<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
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CLIFFORD LEE BURLISON WILL BE HEREBY REMOVED AS AN OWNER/MEMBER/MANAGER  
FROM CRU CUPS LLC

KEVIN LANG WILL REMAIN THE SOLE OWNER OF CRU CUPS LLC  
CRU CUPS LLC WILL BECOME A SINGLE MEMBER LLC

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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)

**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.

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.

Dated MAY 5, 2019



\_\_\_\_\_  
Signature of a member or authorized representative of a member

KEVIN LANG

\_\_\_\_\_  
Typed or printed name of signee