

L17000217689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

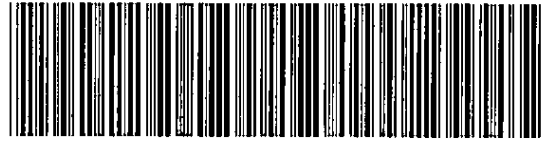
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100334312391

09/16/19--01018--029 **60.00

FILED
TALLAHASSEE
FL

2019 OCT -7 PM 5:38

FILED

OCT 07 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2019

KEVIN LANG
1748 INDEPENDENCE BLVD STE G3
SARASOTA, FL 34234

SUBJECT: CRU CUPS LLC
Ref. Number: L17000217689

We have received your document for CRU CUPS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 119A00019869

2019 OCT -7 PM 12:55

REC'D - 11/1/19

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 G3

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
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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

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

CRU CUPS 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 OCTOBER 20TH, 2017 and assigned
Florida document number L17000217689.

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:

1748 INDEPENDENCE BLVD STE G3

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FL 34234

Enter new mailing address, if applicable:

1748 INDEPENDENCE BLVD STE G3

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FL 34234

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>
MGRM	KEVIN LANG 90 % OWNERSHIP	2810 TELLURIDE LOOP APT 208 SARASOTA, FL 34243	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	CANDY LANG 10 % OWNERSHIP	2810 TELLURIDE LOOP APT 208 SARASOTA, FL 34243	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please update the physical and mailing address for CRU CUPS LLC to the following:

1748 INDEPENDENCE BLVD STE G3
SARASOTA, FL 34243

Please update the address for Kevin Lang to the following:

2810 TELLURIDE LOOP APT 208
SARASOTA, FL 34243

Please update the ownership percentage to 90 % for Kevin Lang

Please add Candy Lang as a MGRM (Managing Member) to the LLC with 10 % ownership.

Candy Lang's personal address will also read:

2810 TELLURIDE LOOP APT 208
SARASOTA, FL 34243

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

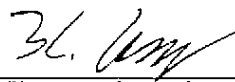
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 02 2019



Signature of a member or authorized representative of a member

Kevin Lang

Typed or printed name of signee