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| PICK-UP WAIT MAIL | | |
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| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRS SERVICE AND REPAIR LLC

| (Name of the Limited Liability Compa (A Florida Limited | <u>hy as it now appears on our records.)</u> Liability Company) | |
|--|--|------------------|
| | | |
| The Articles of Organization for this Limited Liability Company | were filed on 01/12/2018 and assign | ed |
| Florida document number L18000012028 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | | |
| | JAN 2° | ¥6 |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | HASSI |
| | 3 | |
| Enter new mailing address, if applicable: | 73 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | LORID |
| | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: | ffice address on our records, enter the name of e: | the nev |
| 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: | · 1 | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am familiar with a provided for in Chapter 605, F.S. Or, if this docume | nd |
| | | |
| II Chai | nging Registered Agent, Signature of New Registered Agent | |

Page 1 of 3

| AH E | If amending any other information, enter change(s) here | (Attach additional sheets, if necessary.) |
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Filing Fee: \$25.00