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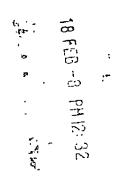
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section of Corp.			
SUBJECT:	Crash Fu Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Chris	sto pher 5 Miller Rame of Person	·
		Firm/Company	
	3509	Damond Falls Address	<u>C</u>
		City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information cor	ncerning this matter, please ca	nll:	
Christop Name of	her SM. New Person	at (<u>\{\}\}</u>) <u>33 \ \</u> Daytime	3 & 3 C Telephone Number
Enclosed is a check for the	*		
\$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

(Name of the Limited Liability (A Florida L	v Company S it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L\8 0000 13.2 & 1</u>	ompany were filed on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
This amendment is submitted to amend the following:	- '
A. If amending name, enter the new name of the limite CCASh Morey The new name must be distinguishable and contain the words "Limite"	ited liability company here: Tampa, LLC ited 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 ADDRE	(ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe	tered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas E Parnell	722 E Fletcher Av	Add Add
		Tampa, FL 33612	□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove \
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Page 3 of 3

Filing Fee: \$25.00