L18000024955

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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SECRETARY OF STATE

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JR Accounting Services Florida 578 NE 20th Street Wilton Manors, FL 33305

www.jraccountingservicesfl.com

(954) 612-8899

swim2win.james@gmail.com

February 2, 2017

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Crestan Miller LLC Doc# L18000024955

Please accept the Amendment form to change the name of the LLC to: "Crestan Consulting LLC"

A check for \$25.00 is enclosed.

Thank you for your attention.

Sincerely,

James Ridout

COVER LETTER

| | n of Corp | | | | | |
|-------------------|--------------------|---|---|---|--|--|
| Cre SUBJECT: | Crestan Miller LLC | | | | | |
| | | Name of Limi | ted Liability Company | | | |
| The enclosed Ar | ticles of A | mendment and fee(s) are subr | nitted for filing. | | | |
| Please return all | correspon | dence concerning this matter t | to the following: | | | |
| | | James Ridout | | | | |
| | | | Name of Person | | | |
| | | James Ridout Services, Inc. | | | | |
| | | | Firm/Company | | | |
| | | 578 Ne 20th Street #8 | | | | |
| | | | Address | | | |
| | | Wilton Manors, FL 33305 | | | | |
| | | | City/State and Zip Code | | | |
| | | swim2win.james@gmail.com | n o be used for future annual report notif | ination l | | |
| For further infor | mation coi | ncerning this matter, please ca | | icanon) | | |
| James Ridout | | | 954 612-8899 | | | |
| | Name of I | Person | at () Area Code Daytime | : Telephone Number | | |
| Enclosed is a cho | eck for the | following amount: | | | | |
| ■ \$25.00 Filing | g 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

| Crestan Miller LLC | | |
|--|---|--|
| (Name of the Limited Li (A F | iability Company as it now appears on our records.) lorida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabili | ity Company were filed on 01/29/2018 | and assigned |
| Florida document number 1.18000024955 | · | |
| This amendment is submitted to amend the following | uf: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| Crestan Consulting LLC | | |
| 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 A | DDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | <u>v</u> | |
| | | |
| | | |
| B. If amending the registered agent and/or i | registered office address on our records, ente | er the name ofethe r |
| egistered agent and/or the new registered office | address here: | 18 XXX |
| | | FEB |
| Name of New Registered Agent: | | \ \frac{1}{2} \fra |
| | | <u> </u> |
| New Registered Office Address: | Enter Florida street address | <u> </u> |
| | Enter Florida street address | |
| | Florida | 4 5 m |
| | 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> | Address | Type of Action |
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Filing Fee: \$25.00