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COVER LETTER

10: Registration Section Division of Corporations	
SUBJECT: CROWN 2 BASE LL C Name of Limited Liability Company	•
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:	
MATTHEW SchNoor	
MATTHEW SCHNOOR Name of Person CROWN 2 BASE UC Finn/Company	
6200 DANLIA St.	
Millon Fl. 32570 City/State and Zip Code	
Mathew Sch Noor 02 @ mE. E-mail address: (to be used for future annual report notifice)	Com cation)
For further information concerning this matter, please call:	
MAFTHEW SCHNOOR at (850) 1019-8 Name of Person Area Code Daytime	2390 Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status}\$\$\sum \text{Certified Copy (additional copy is enclosed)}\$\$	☐ S60.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Crown 2 Base LCC
(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 3/01/2018 and assigned Florida document number L 180000 5 4504
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registe</u> agent and/or the new registered office add <u>ress here</u> :
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.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
FEI/EIN Number 25.6713277
Changina to
FEI/EIN Number 93-4560703
(Offactied)
E. Effective date, if other than the date of filing: 23 April 2024 (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 23 April 2024
Signature of a member of authorized representative of a member-
Typed or printed name of signee

Filing Fee: \$25.00