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T. MATTHEWS MAY 2 4 2022

COVER LETTER

TO:

Registration Section

Division of Co	rporations				
CRESTVI	EW FIVE INVESTMENT LL				
SUBJECT:	Name of Lin	nited Liability Company			
The analogod Assiglation	Name of the second of the seco				
	Amendment and fee(s) are sul	· ·			
Please return all correspondence	ondence concerning this matter	to the following:			
	NISHITH SHAH				
		Name of Person			
	CRESTVIEW FIVE INV	ESTMENT LLC			
Firm/Company					
	5061 VALLE COLLINA	LANE			
		Address			
	MERRITT ISLAND, FL.	32952			
		City/State and Zip Code			
	NICK_27101965@YAHO				
		to be used for future annual report no	tification)		
For further information c	concerning this matter, please c	all:			
NISHITH SHAH		321 223-4869 at ()			
Name o	of Person		ne Telephone Number		
Enclosed is a check for the	he 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		Street Address: Registration Se	ection		
Division of Corporations		·	Registration Section Division of Corporations		
P.O. Box 632		The Centre of	Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ORATION OF ORATION OF PH 13 37

CRESTVIEW FIVE INVESTMENT 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 05/07/2018	and assigned
Florida document number L18000114757		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
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 "LLC." 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, 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		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liability Company." 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 o agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	address on our records, <u>ente</u>	r 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 addre	288
<u></u>		lorida
	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</u>, <u>name</u>, <u>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	NILESH SHAH	5061 VALLE COLLINA LANE	
		MERRITT ISLAND, FL 32952	■Remove
		<u>·</u>	□ Change
MGR	NISHITH SHAH	5061 VALLE COLLINA LANE	= Add
		MERRITT ISLAND, FL 32952	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			□Remove

_____ □Change

n/a		
ective	date if other than the date of filing: (antional)	
te: If t	date, if other than the date of filing:	.0207 :d as
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ted	4.7.22.	
	M	
	Signature of a member or authorized representative of a member	