48000131044

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
Crush Ho	sh Holdings LLC		
30D31.CT	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Heather Elkins		
		Name of Person	
	2020 Retreat View Circle	Firm/Company	
		. <u>.</u>	
	Sanford, FL 32771	Address	
	hholers4444gmail.com	City/State and Zip Code	
	E-mail address; (to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
Heather Elkins		407 687-7112 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 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**

Crush Holdings LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L18000131044	npany were filed on <u>5/25/2018</u>	and assigned
(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 5/25/2018 and assigned		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	_ _ =
Enter new principal offices address, if applicable:	**************************************	SEQUENCE OF SECUENCE OF SECUEN
(Principal office address MUST BE A STREET ADDRES	SS)	- 5 25
	40.	6 CRT
Enter new mailing address, if applicable:		
	•	3 10N.
		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	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
AMBR	Jack Elkins	2020 Retreat View Circle, Sanford, FL 32771	
			■ Remove
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Effective date, if other than the diffian effective date is listed, the date must	ate of filing:	o date of filing or more than	(optional) 90 days after filing.) Pursuant to	5 605.020
Note: If the date inserted in this bloodocument's effective date on the Dep	ck does not meet the applicat	ble statutory filing requir	ements, this date will not be	listed a
avenue s'erreente and on me pe	William William William			
he record specifies a delayed The 90th day after the reco		an effective time, a	t 12:01 a.m. on the ea	arlier (
August 23	2018	<u> </u>		
Dated				
Dated Adgust 25				

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Filing Fee: \$25.00