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(Re	equestor's Name)	·
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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STORAGE SELECTION

MAR 1 1 2019 S. YOUNG

COVER LETTER

	rision of Corp			
SUBJECT:	CROSTINI	LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
			Name of Person	
	•	CROSTINI LLC		
			Firm/Company	
		9454 HARDING AVE		
			Address	
		SURFSIDE, FL 33154		
		delberg@octagontax.com	City/State and Zip Code	
		E-mail address: (1	o be used for future annual report	notification)
For further in	nformation co	oncerning this matter, please ca	all:	
LIOR HAZ		-	305 613-3780 at () Area Code Day	
	Name of	Person	Area Code Day	rtime Telephone Number
Enclosed is a	a check for the	e following amount:		
■ *\$25.00 F	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

CROSTINI LLC				
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears on or liability Company)	ur records.)	
The Articles of Organization for this Limited Liab Florida document number L18000154017		were filed on 02/28/20	19	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabi	lity company here:		
The new name must be distinguishable and contain the work	ds "Limited Liabili	ty Company," the designat	ion "LLC" or the a	phreviation L.L.C."
Enter new principal offices address, if applicab	le:		· · · · · · · · · · · · · · · · · · ·	五五
(Principal office address MUST BE A STREET ADDRESS)			<u></u> .	第二二 [
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	7818 NW 44 ST., LA	AUDERHILL, FL	33351. 3 33351. 3
B. If amending the registered agent and/or registered agent and/or the new registered office	e address here	:		
Name of New Registered Agent:	IAL BA	KEKEI LL	<u></u>	
New Registered Office Address:		REKET LL(W 44 ST. Enter Florida stre		
	LAUDER	2 HILL Civ	Florida	33351
		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 ame; iding 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

Title	<u>Name</u>	Address	Type of Action
AMBR	TAL BAREKET LLC	7818 NW 44 ST., LAUDERHILL, FL 33351	■ Add
			□ Remove
			☐ Change
			= Add
			□ Remove
			☐ Change
			□ Remove
		 	Change
			■ Remove
			☐ Change
			Add
			☐ Remove
		 	Change
			Add
		-	Remove
			☐ Change

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an effect o <u>te:</u> If	date, if other than the date of filing: <u>(0.1. 0.1. 901.9</u> (optional) ve 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	02/23/2019
ited	02/27/2019
ited	Signature of a member of a member

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Filing Fee: \$25.00