

**L18000165789**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

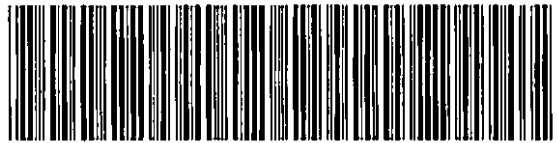
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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M. MILLIGAN

AUG 06 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CROWN HELMETS STORE LLC

Name of Limited Liability Company

EIN # 83-1305374

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOLY SABILLON

Name of Person

LA FLORIDA BUSINESS SERVICES

Firm/Company

11356 S ORANGE BLOSSOM TRAIL

Address

ORLANDO, FLORIDA 32837

City/State and Zip Code

info@lafloridaservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLY SABILLON

407

723-1333

at ( )

Name of Person

Area Code

Daytime 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

FILED  
2018 JUL 31 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CROWN HELMETS STORE 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 07/09/2018 and assigned  
Florida document number L18000165789.

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)**

3831 W. VINE STREET

SUITE 101-102

KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

11356 S. ORANGE BLOSSOM TRAIL

ORLANDO, FL 32837

**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:

KELLY J. RODRIGUEZ

New Registered Office Address:

870 ORIENTA AVENUE

*Enter Florida street address*

ALTAMONTE SPRINGS

Florida 32701

*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.*

*Kelly J. Rodriguez*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	YOLANDA SABILLON	11356 S. ORANGE BLOSSOM TRAIL ORLANDO, FLORIDA 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
mgr	Kelly J Rodriguez	870 Orienta Ave Altamonte Springs, FL 32701	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 JULY 27, 2018

Kelly J. Rodriguez C.

Signature of a member or authorized representative of a member

KELLY J. RODRIGUEZ

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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