118000182487

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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

Crown Ray				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mark Rowen			
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. Be return all correspondence concerning this matter to the following: Mark Rowen			
Division of Corporations Crown Rayal Enterprises. LLC Name of Limited Liability Company				
	2015 SE MORNINGSIDE	BLVD		
		Address		
	PORT ST LUCIE, FL 349.	52		
	City/State and Zip Code			
	E-mail address: (to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
MARK ROWEN				
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L18000182487	y were filed on 07/30/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		3 SE
(Principal office address MUST BE A STREET ADDRESS)		AUG AUG
		20 약자
Enter new mailing address, if applicable:		ED COF STA
(Mailing address MAY BE A POST OFFICE BOX)		55
B. If amending the registered agent and/or registered or registered of stered agent and/or the new registered office address here		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CHOWN BANAL ENTERDRICES ILC

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
MGR	MARK ROWEN	2015 SE MORNINGSIDE BLVD I	⊟ Add
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Fffee	ive date, if other than the date of filing: (optional)		
lfan e	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu	rsuant to	605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil	I not be	listed as
docui	nent's effective date on the Department of State's records.		
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the ea	ırlier of
The	90th day after the record is filed.		
Dated			
しょいてし	·································		
	Mark Perwey Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00