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COVER LETTER

TO: Registration Section Division of Corporations		fizit Nov	1
SUBJECT: Crestbuilde	Name of Limited Liability Company		PA 42 433
	Name of Emilieo Elaonity Company		
The enclosed Articles of Amendment a			
Please return all correspondence conce	erning this matter to the following:		
Ma	rk A Stewart 850.305	0491	
	Name of Ferson		
	Cresthulders LLC.		
	6042 Sand Hill Road		
•	Address		
<u>Cre</u> .	Strick Fl 32539 City/State and Zip Code Obry Chris (3) Mail. Com		
ſ	City/State and Zip Code Ohly Chic (3) OM/11. (1)M		
	E-mail address: (to be used for future annual report notification	on)	
For further information concerning th	is matter, please call:		
Chus Dhw Name of Person	at (890) 389 02 Area Code Daytime Tel	t 4 4 ephone Number	-
,			
Enclosed is a check for the following	amount:		
	O Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is	atus &

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

LES OF ORGANIZATION OF 2레 NOV - 1 - PH 및 토리

(Name of the Limited Liability Con (A Florida Limited)	apany as it now appears on ed Liability Company)	our records.)	
ne Articles of Organization for this Limited Liability Compa orida document number <u>L/8000106469</u> .	iny were filed on	. 29.18	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited I	iability company here:	:	
ne new name must be distinguishable and contain the words "Limited L	iability Company," the desig	gnation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	2		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address	d office address on o here:	our records, <u>ent</u> e	er the name of the
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Floria	la street address	
		m	
		Florida	Zip Code

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.	Trevor Wallace Brooks	6182 Barnes Road Crestview FL. 32539	₩ Add
		Crestolen PL. 32991	🗆 Remove
			Change
			C Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			🖸 Add
			Remove
			Change
			☐ Remove
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
-	
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(If an eff	ve date, if other than the date of filing: (optional) (ctive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
D	10/29./18
Dated	Mink A Mun rot Signature of a member or authorized representative of a member
	/ Stongfure of a member of authorized representative of a member

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