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(Re	questor's Name)	<del>-</del>
hA)	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Pourtney R	ogers LLC ned Etability Company	<u> </u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Cours	mey Rogers	
		Hney Rogers	
		Estero Palm Address	
	Estero	City/State and Zip Code  Only Life Proper o be used for future annual report notific	8
	Courtney (	o be used for future annual report notific	ties.104
For further information co	ncerning this matter, please ca	il:	
Courtney	Rogers	at (231) F26 Area Code Daytime	7266 Telephone Number
Enclosed is a check for the	e following amount:		
<b>□</b> \$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

CRR	(onsultin	3 LLC	2019 FEB -4 PM 2: 26
(Name of the Li	mited Liability Company (A Florida Limited Lia	as it now appears of bility Company)	INLLI BLADSEE, FL
The Articles of Organization for this Limited Florida document number <u>L19 00000</u>	Liability Company w 297フ	ere filed on	12   31   18 and assigned
This amendment is submitted to amend the f	following:		
A. If amending name, enter the new name Courton  The new name must be distinguishable and contain the	e of the limited liabili e y Roge ne words "Limited Liability	ty company here  Company," the design	enation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app (Principal office address MUST BE A STR		21300 Este	ESTECOPAIN Way 10, FL 33928
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	CE BOX)		
B. If amending the registered agent a registered agent and/or the new registered	nd/or registered offi d office address here:	ce address on o	ur records, <u>enter the name of the r</u>
Name of New Registered Agent:	<del></del>		
New Registered Office Address:		Enter Florido	i street address
		City	, Florida 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 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
			C Add
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
		Add	
			Remove
			Change
			☐ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
E. Effective date, if other than the date of filing: 12518 (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)  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
Signature of a member or authorized representative of a member
Typed or printed name of signee

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Filing Fee: \$25.00