

L19 000032890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

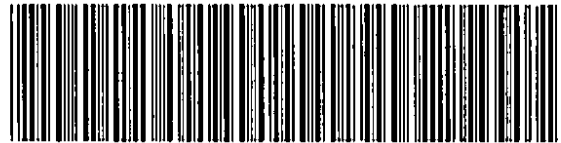
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY 20 A 9 36

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JUN 10 2019
T. LEMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRIMSON INDUSTRIES LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARSHA SIHA

Name of Person

INCFE.COM LLC

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFE.COM

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

For further information concerning this matter, please call:

MARSHA SIHA

855 829-9090
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

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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>
AMBR	REVOLUTIONARY SYSTEMS, INC.	3103 TURNBERRY COURT	<input checked="" type="checkbox"/> Add
		NORMAN, OK 73069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LOGAN POOLE	1503 E 52ND STREET	<input checked="" type="checkbox"/> Add
		TULSA, OK 74105	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TROY JENKINS	490 CRANES CREEK RD	<input checked="" type="checkbox"/> Add
		CAMERON, NC 28326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TYLER POOLE	3103 TURNBERRY COURT	<input type="checkbox"/> Add
		NORMAN, OK 73069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MEGAN POOLE	3103 TURNBERRY COURT	<input type="checkbox"/> Add
		NORMAN, OK 73069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated MAY 9TH 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee