## 119000032890

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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** CRIMSON INDUSTRIES LLC SUBJECT: \_\_ 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 INCFILE.COM LLC #irm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/\$tate and Zip Code EFILE1234@INCFILE.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 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	
TA Florida Lir	ompany as it now appears on our records:)
The Articles of Organization for this Limited Liability Com	pany were filed on 01/31/2019 that 20 and assigned
Florida document number L19000032890	pany were filed on 01/31/2619 HAY 20 A 9 36 and assigned HALLANAUDEE FLUIDE
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	<u>l liability company here</u> :
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 ADDRES	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the ne</u> <u>s here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , Florida
New Registered Office Address:	
New Registered Office Address:  New Registered Agent's Signature, if changing Registered A	, Florida City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

or removed	from our records:		
MGR = N $AMBR = A$	lanager Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
	REVOLUTIONARY SYSTEMS.	3103 TURNBERRY COURT	
AMBR	INC.		<b>=</b> Add
		NORMAN, OK 73069	
			☐ Remove
	€		Change
AADD	LOGAN POOLE	1503 E 52ND STREET	
AMBR			
		TULSA, OK 74105	
			☐ Remove
			Change
AMBR	TROY JENKINS	490 CRANES CREEK RD	
			■ Add
		CAMERON, NC 28326	
			☐ Remove
			Change
AMBR	TYLER POOLE	\$103 TURNBERRY COURT	
		NORMAN, OK 73069	
			■ Remove
			_
		2102 THUSDEDDY (2010)	Change
AMBR	MEGAN POOLE	3103 TURNBERRY COURT	<b>5</b>
		NORMAN, OK 73069	Add
		DOMAINI ON 13009	<b>P</b> 0
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Filing Fee: \$25.00