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(((H19000132792 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043

Phone

: (305)397-8553

Fax Number

; (305)397-8521

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email Address: miami crystal house@ amai

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRYSTAL HOUSE MIAMI LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Help

P.O Box 6327 Tallahassee, FL 32314

COVER LETTER

	dation of Corp						
		HOUSE MIAMI LLC					
SUBJECT:		Name of Limi	ted Liability Company				
		•					
The enclose	d Articles of A	mendment and fee(s) are subr	mitted for filing				
Please return	n all correspon	dence concerning this matter t	to the following:				
		MARILYN M. GHOSN					
			Name of Person				
		CRYSTAL HOUSE MIAN	AI LLC	1 .			
	•		Firm/Company			20.0	
		2502 PRAIRE AVE				2 7 10	
			Address			7019 APR 23 PH 12: 18	
		MIAMI BEACH, PL 3314	0				
			City/State and Zip Code			:2:	
		miami.crystalhouse@gmail.	.com to be used for future annual report notification)				
For further i	information co	ncerning this matter, please ca				•	
MARILYN	M. GHOSN		727 331-5692 at ()				
	Name of	Person	Area Code Daytime Telephone	Number			
Enclosed is	a check for the	following amount:					
\$25.00]	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy C	0.00 Filing F Certificate of Certified Copy additional copy	Status & y		
	Registra	NG ADDRESS; tion Section t of Corporations	STREET/COURIER ADDR Registration Section Division of Corporations	ESS:			

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H19000132792 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRYSTAL HOUSE MIAMI LLC			
(Name of the Limited Liability Common (A Florida Limited	ogny as it now appears on our records.) 3 Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on 03/18/2019	and assigned	
Florida document number L19000074496			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited list	bility company here:		
The new name must be distinguishable and contain the words "Limited Lin	bility Company," the designation "LLC" or the	abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)		_	_
			<u> </u>
Enter new mailing address, if applicable:		19 APR	 ;
(Mailing address MAY BE A POST OFFICE BOX)		- - 2 - 2 -	去系
<i>‡</i>			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>ent</u> ere:	er the name of the	; new
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	Enter Florida street address		<u></u>
:	, Florida		
	City	21p 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 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

H19000132792.3
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

Title	<u>Name</u>	Address	Type of Action
MGR	MONA M GHOSN	2502 PRAIRE AVE	
	:	MIAMI BEACH, FL 33140	■ Remove
			Change
MOR	ELIAN GHOSN	2502 PRAIRE AVE	🖨 Add
		MIAMI BEACH, FL 33140	☐ Remove
	-		Change
			20 <u></u>
			APR PROOVE FILED
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04/23/2019	(outland)
ective date, if other than the date of filing:	(optional) more than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the applicable statutory filinument's effective date on the Department of State's records.	ng requirements, this date will not be listed a
:	
record specifies a delayed effective date, but not an effective he 90th day after the record is filled.	time, at 12:01 a.m. on the earlier of
ed April 23 , 2019	
Signature of a member or authorized representative	e of a member

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Filing Fee: \$25.00