L19 0000 78527

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2019 APR -1 PM 3: 34

C. GOLDEN APR - 8 2019

COVER LETTER

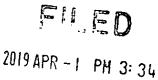
TO:	Registration Se Division of Cor			
SUBJI		SET CREW LLC		
SUDJI	ЕСТ:		ited Liability Company	
		Amendment and fee(s) are sub	·	
		MARIA CRISTINA PAG	E	
			Name of Person	
			Firm/Company	
		1051 N HIATUS RD		
		PEMBROKE PINES, FL.	Address	
		СРАGЕ327@YAHOO.CO		
			to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please c	all:	
MAR	IA CRISTINA PAG	DE COMP	305 300-4009 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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



THE SUNSET CREWILLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

0 3170° 14,3180° min 20°

·	• • •	,022,
The Articles of Organization for this Limited Liabilit		and assigned
Florida document number 1.19000078527	·	
his amendment is submitted to amend the following		
a. If amending name, enter the new name of the	limited liability company here:	
SUNSET CREW LLC		
he 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 AL	ODRESS)	
 		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	3	
The state of the s		
		
3. If amending the registered agent and/or re	egistered office address on our records	enter the name of the n
egistered agent and/or the new registered office a		enter the hange of the h
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
regimered vittle Hadress.	Enter Florida street address	··· <u></u>
	, Flo	rida
_	City	rida 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 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
			D Add
			☐ Remove
			□ Change
			□ Add
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		<u></u>	☐ Change
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		03/19/2019			
Tective date, if other than an effective date is listed, the date ote: If the date inserted in this seament's effective date on the	is block does not r	neet the applica	o date of filing or moble statutory filing	(optional re than 90 days after filing requirements, this date) g.) Pursuant to 605.0207 (will not be listed as t
e record specifies a dela The 90th day after the	yed effective or record is filed.	date, but not	an effective ti	me, at 12:01 a.m.	on the earlier of:
ated MARCH 27		2019			
 	mil (hs	linia Da	- 502		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00