

219 000105112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

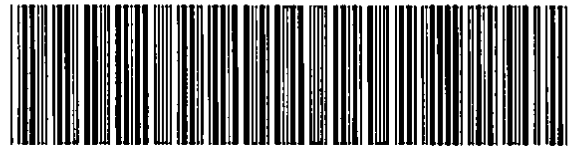
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CLERK

A. BUTLER

DEC 22 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CROW DESIGNS 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:

ROBALO, CHRISTIAN A

Name of Person

CROW DESIGNS LLC

Firm/Company

1765 Business Center Lane

Address

Kissimmee, FL 34758

City/State and Zip Code

crow22_1@hotmail.com

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

For further information concerning this matter, please call:

ROBALO, CHRISTIAN A

321
at ()

402-8696

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILE

Q. E, F, L

04/17/2019

A. If amending name, enter the new name of the limited liability company here:

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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.

Signature of a member or authorized representative of a member

CHRISTIAN A. ROBALO

Typed or printed name of signee