h19000306396

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Southern Hamber)
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(7)
(?) 789, 2546, 672
1-1,0340,012

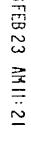
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2022

CRYSTAL TOBE 28041 KERRY CT BONITA SPRINGS, FL 34135

SUBJECT: CRYSTAL M HOOVER, LLC

Ref. Number: L19000206796

We have received your document for CRYSTAL M HOOVER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 122A00021628

FEB 2 3 2023

COVER LETTER

Division of Corp					
SUBJECT:(RYSTAL M.	HOVER, LUC ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:		2	
	CRYSTAL	TOBE Name of Person		023 FEB 23 AM 11: 2	11 13
		Firm/Company			Ē
	28041 KER	KY CT		- 21	
underscure	BONITA S CRYL_2002	PRINGS, FL E City/State and Zip Code 2@ mSn. Com to be used for future annual report note	34135	-	
	oncerning this matter, please ca				
Chystal Name of	Tobe	at (<i>5</i> 07), 358.5	387 e Telephone Number	ī	
Enclosed is a check for the	e following amount:				
XI \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Address	<u>u</u>	Street Address:			

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19 000206796</u> .	were filed on <u>AUGUST 14</u>	20 land assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab CLYSTAL M. TDBE, LLC The new name must be distinguishable and contain the words "Limited Liabil		abbresiation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	28041 KERRY CT BONITH SPRINGS,	FL 34135
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SHME AS ABOVE	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent: New Registered Office Address:		23
	Enter Florida street address, Florida	Zin Code
	v.ii.	zaprocent.

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 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>	Name	Address	Type of Action
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ffective date, if other than the date of an effective date is listed, the date must be speci total. If the date inserted in this block does document's effective date on the Department.	inot meet the ap	plicable statuto	ng or more than 90 d ry filing requireme	_ (optionar) ays after filing.) Pr nts, this date wil	irsuant to 60 II not be li:)5 0207 (sted as (
record specifies a delayed effective date, b I is filed.	ut not an effectiv	ve time, at 12:0	l a.m. on the earlie	er of: (b) The 9	0th day afi	ter the
Dated February 20	202	3.				
Dated Florwary 20 CKYStal Signature	M Tobe of a member or a	umorized repres	entative of a member			
CRYSTAL		BE orinted name of s				

Filing Fee: \$25.00