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PICK-UP WAIT	MAIL
(Desired Faire Name)	
(Business Entity Name)	
(Document Number)	
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Considerations to Filips Offices	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section

Division of Cor	rporations	√ ' *	
	& Associates LLC		
SUBJECT:	Name of Litt	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Steven Crutchfield		
		Name of Person	
	Crutchfield & Associates I	LLC	
		Firm/Company	
	15136 Ovation Dr		
		Address	
	Winter Garden, FL 34787		
		City/State and Zip Code	
	scrutchfield@allstate.com	to be used for future annual report not	ilication)
For further information e	concerning this matter, please c	·	
Steven Crutchfield	,	407 758-4742	
	2.5	at ()	
Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C	lorporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, l	nt. 02014	∠410 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crutchfield & Associates LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3rd day of February 2020 Florida document number 84-4750408 L20000046777 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7065 Westpointe Blvd. Stc 308 Enter new principal offices address, if applicable: Orlando, FL 32835 (Principal office address MUST BE A STREET ADDRESS) 7065 Westpointe Blvd, Ste 308 Enter new mailing address, if applicable: Orlando, FL 32835 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

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
MGR	Steven W Crutchfield, Jr	15136 Ovation Dr. Winter Garden Fl 34787	≒Add
			□Remove
			□Change
MGR	Trisha M Crutchfield	15136 Ovation Dr, Winter Garden FL 34787	
			□Remove
			UChange
			LIRemove
			□Change
		_	□Add
			□Remove
			L'Change
			□Add
			□Remove
			Change
		<u> </u>	____\\
			□ Remove

	····
ffective date, if other than the date of filing:	ursuant to 605,020 III not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 9 is filed.	90th day after the
ated February 21 2020	
alcd	
5/1/1/-	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00