

L20 000085681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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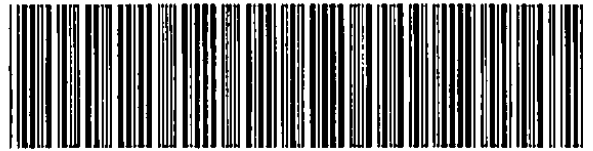
(Business Entity Name)

(Document Number)

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FILED  
2020 MAY 27 PM 4:17  
CLERK OF SUPERIOR COURT

Amend  
Namech

MAY 07 2020  
ALBRITTON

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Traci Crawford, 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:

Traci Crawford

Name of Person

Traci Crawford, LLC

Firm/Company

341 Deer Valley Dr

Address

Ponte Vedra, FL 32081

City/State and Zip Code

**tracicrawford@watsonrealtycorp.com**

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

For further information concerning this matter, please call:

Traci Crawford 904 572-8063  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 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**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Traci Crawford, LLC

(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 March 19, 2020 and assigned  
Florida document number L20000085681

This amendment is submitted to amend the following:

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

Traci E. Ferguson Crawford, LLC

The 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 ADDRESS)

Enter new mailing address, if applicable:

(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:

Traci E Ferguson Crawford

New Registered Office Address:

*Enter Florida street address*

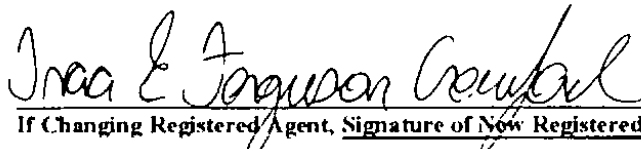
Florida

*City*

*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 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

[illegible]

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 24, 2020

Inca E Ferguson Crawford  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Traci E Ferguson Crawford  
Typed or printed name of signer

Typed or printed name of signee

**Filing Fee: \$25.00**