Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000341761 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number : I20150000047 Phone : (239)205-2225

Fax Number : (239)205-2016

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

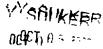
rroyston@rroystonlaw.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRL FAB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRL FAB, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records Liability Company)	ij	
The Articles of Organization for this Limited Liability Company Florida document number L20000263598	were filed on 09/01/2020	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:	2855 WORK DRIVE, UNIT 15		
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33916		
	<u> </u>		
Enter new mailing address, if applicable:	2855 WORK DRIVE, UNIT 16		
(Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FL 33916	_; p-1	
D. If amonding the varieties of another defended as	-44	007	÷ ‡
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	ne name of the ne	w registere
			117
Name of New Registered Agent:			<u> </u>
New Registered Office Address;			
	Enter Florida street address		
		ida	
-	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 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

From: Rob Royston

Fax: 12392052225

To:

Fax: (850) 617-6383 (((1120000341761 3)))

Page: 3 of 4

10/02/2020 8:42 AM

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

Title	<u>Name</u>	Address	Type of Action
MGR	CHALUPSKY, RICHARD A	2855 WORK DSRIVE, UNIT 16	
		FORT MYERS, FL 33916	■Remove
			□ Change
MGR CHALUPSK	CHALUPSKY, RICHARD PAUL	2855 WORK DRIVE, UNIT 16	\(\sum_\) \(\sum_\)
		FORT MYERS, FL 33916	□Remove
			□Change
			DAdd
			□Remove
			DAdd
		·	□Remove
			□Сћапде
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			F)Change

(((H20000341761.3)))

To:

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I VUIC.	ive date, if other than the date of filing:
e recor rd is fi	
Dated	Signature of a member or authorized representative of a member
	RICHARD PAUL CHALUPSKY
	Typed or printed name of signee