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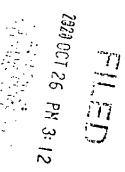
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S. YOUNG



## **COVER LETTER**

| SUBJECT:   | Name of Lim   | ited Liability Company                  |   |
|--|---|---|---|
| The enclosed Articles of   | Amendment and feets) are sub  | mitted for filing.                      |   |
| Please return all correspo   | ondence concerning this matter  | to the following:                       |   |
|  | Anthony Schreiber   |   |   |
| SUBJECT:  Crystalida Property LLC  Name of Limited Lability Company  The enclosed Articles of Amendment and feets) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Anthony Schreiber  Name of Person  Crischida Property LLC  Firm Company  1731 SW 32nd CT  Address  Fort Landeviabe Ft, 33315  City/State and Zip Code  tony/a crischidaproperty cont  Bernel address to be used for future annual report notification)  For further information concerning this matter, please call:  Name of Person  Area Code  Daytime Telephone Number  Einclosed is a check for the following amount:  See S25.00 Filling Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations |   |   |   |
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|  | 1731 SW 32nd CT   |   | Address  Address  Address  y/State and Zip Code  ased for future annual report polification)  at ()  Area Code Daytime Telephone Number  S55.00 Filing Fee & Certificate of Status & Certificat |
|  | Name of Limited Lability Company  ticles of Amendment and feets) are submitted for filling.  correspondence concerning this matter to the following:  Anthony Schreiber  Name of Person  Crisalida Property LLC  Firm Company  1731 SW 32nd CT  Address  Fort Landerdale FL 33315  CityState and Zip Code  tony/d/crisalidaproperty con:  E-mel iddress to be used for future annual report rooffication)  mation concerning this matter, please call:  Name of Person  at (  |   |   |
|  | Fort Lauderdale FL 33315  |   |   |
|  |   | City/State and Zip Code                 |   |
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| For further information c  | concerning this matter, please c  | all:                                    |   |
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| Name o   | of Person   | Area Code Daytin                        | ne Telephone Number   |
| Enclosed is a check for t  | he following amount:  |   |   |
| ■ \$25.00 Filing Fee   |   | Certified Copy                          | Certificate of Status & Certified Copy  |
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| _  |   | = |   |
| P.O. Box 631   | •   |   | -   |
| Tallahassee  | FL 32314  | 2415 N. Manro                           | ve Street, Suite \$10   |

Tallahassee, FL 32303

## • ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crysalida Property 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  $\frac{10/12/2020}{}$ Florida document number  $\frac{1.20000321368}{-}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Crisalida Property 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: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_

## 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> | <u>Name</u> | Address | Type of Action |
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| fective date, if other than the<br>n effective date is listed, the date mus     | date of filing:                 | to date of filing or more than | (optional)<br>90 days after filing.) Pursuant to 605 | 5.0207 |
| ote: If the date inserted in this blocument's effective date on the December 2. |                                 |                                | ements, this date will not be list                   | ed as  |
| ecord specifies a delayed effective is filed.                                   | : date, but not an effective ti | me, at 12:01 a.m. on the e     | arlier of: (b) The 90th day afte                     | r the  |
| ted October 20  | 2020                            |                                |  |        |
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