1/10/2024 11:29:25 CST -Page: 1/5

Elorida Department of Sta**te** Division of Corporations

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(((H24000012170 3)))



H240000121703ABCR

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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HelpJAN 1 1 2024

Tallahassee, FL 32314

COVER LETTER

(((H240000121703)))

TO: Registration Se Division of Cor			
SUBJECT:	CROWN DE	EVELOPMENT LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lovette Dobsor		
		Name of Person	
		Firm/Company	
	17350 State Hw	y 249, #220	
	Houston, TX 77	City/State and Zip Code	
For further information c	EFILE 1234@INC E-mail address: (oncerning this matter, please or	to be used for future annual report noti	fication)
Lovette Dobso	-		2-3453
	f Person	at (1) 888-462 Area Code Daytim	2-3453 e Telephone Number
Enclosed is a check for t	ne following amount:		
\$\$\$25,00 Filling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Solution Status & Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction
Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000012170 3)))

CROWN DEVE		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our record liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000010415</u>	were filed on 12/31/202	0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DENSITY LLC	· · 	
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC	7" 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 agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre:	W
	, FI	lorida Zıp Code
New Registered Agent's Signature, if changing Registered Agent:	•	w ~
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fu performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
		- -
If Char	iging 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:

(((H24000012170 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			DChange
			□Add
			□Remove
			FlChange
			Fladd
			□Remove
			DChange
			□Add
			URemove
			□Change
			□Add
			□Remove
		(((H2400	⊖Change 0012170 3)))

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)
•	
•	
•	
-	
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Note:	If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as
docun	ient's effective date on the Department of State's records
	d specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after the
rd is fi	
Dated	January, 9th 2024
	Makan (alto)
	Signature of a member of authorized representative of a member
	A4-1 O'G
	Atakan Ciftci Typed or printed name of signee

Filing Fee: \$25.00