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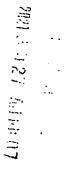
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' SHIKEP JAN 27 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Crum, L. & Construction 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:
FZe// Crymitie
CrymitieConstruction / LC
1571 Blueraky Rd
MON J. ello FIA 32344 City/State and Zip Code E-elloyum fire ogmal. com E-mail address: (to be used for four e annual report notification)
For further information concerning this matter, please call:
Ezell Crum, Lie at (PSO), 445-1533 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

(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 we	ere filed on <u>Jan 25</u>	202	\int and i	assigned
Florida document number <u>L2/0000-2687 q</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbr	eviation '	"L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
<u>-</u>				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
-				
B. If amending the registered agent and/or registered office add	lress on our records, <u>enter th</u>	e name	<u>र्ग की है ।</u>	iew registered
agent and/or the new registered office address here:		- -		
			 No	
Name of New Registered Agent:	·	35.5	<u></u> _	1.70
New Registered Office Address:				1 v 1
	Enter Florida street address		8: 02	لي
	. Flori	da 🚉	20	
	Cin		Zip Coo	lv
New Registered Agent's Signature of changing Degistered Agents				

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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

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>	Name	<u>Address</u>	Type of Action
AMBL	Fee/12 runitre	Monticullu FIA 3234	□Add
		monticy/10 FIA 323 4	<u>∕</u> □Remove
			Change
			□Add
			□Remove
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(If an effect Note: If	date, if other than the date of filing:
he record : ord is filed	pecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Jan 27 2021.
	Signature of a member or authorized representative of a member
	Ezell Crumtio