## 121000049825

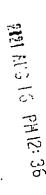
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: CRY	STAC RIVER	RETREAT CLC	
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		· · · · · · · · · · · · · · · · · · ·	
	JENNIFER	HUNT	
		Name of Person	
		<u>-</u>	
		Firm/Company	
	3605 SW 8	TETH ST.	
		Address	
	CHAINESVIL	LE, FL 32608	}
		City/State and Zip Code	0000
	CRYGALRIVE	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  To be used for future annual report notific	CY CANAIL · Ciny).
			cation)
For further information co	ncerning this matter, please ca		,
JENNIFER	- HUNT	at (501) 416.  Area Code Daytime	-9795
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
NA 1150 - A deluces	_	Street Address:	
Mailing Address Registration S		Registration Sec	
Division of C	•	Division of Corp The Centre of Ta	
P.O. Box 632 Tallahassee, F			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
AR	JENNIFER HUNT	3605 SW SETH ST.	□Add
		GHINFSVILLE, FL32608	
			hange
MGR_	JENNIFER HUNT	3605 SW 86711 ST.	\dd
		CAINESVILLE, FL32608	Remove
			□ Change
		<u> </u>	Add
			Remove
			∏ ☐Change ⊙
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	29
	8
	1.5 PH 12:
	36
Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or note:  If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.0 ng requirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of: (b) The 90th day after
ated 8-11-7021	
Signature of a member or authorized representative	