

121 0000-62860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

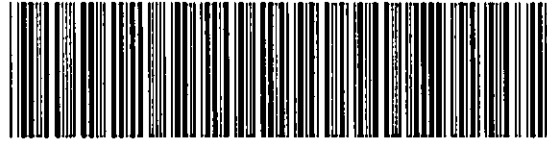
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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12/13/21--01036--026 ++35.00

A. BUTLER

JAN 22 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Crystal Brown 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:

Crystal Brown

Name of Person

All-n-One Family Business

Firm/Company

15651 Merlin Ave

Address

Mascotte FL 34753

City/State and Zip Code

AllnoneLLC9@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Brown

Name of Person

at (

407

Area Code

325-8078

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

Crystal Brown 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 02/05/2021 and assigned
Florida document number L21000062860

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALL-N-ONE FAMILY BUSINESS 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Date January 10 2022



Signature of a member or authorized representative of a member

Crystal Brown

Typed or printed name of signee

My name is Crystal Brown. I want to state that I did send in a money order with the amount of \$35.00 will I have to pay again please advise. I can be reached at 407-325-8078

To whom it may concern,

12/08/2021

Hello my name is Crystal Brown my address is 15651 Merlin Ave Mascotte, FL 34753. I'm sending in this amendment form to change my business name, the business address and also add my husband to this business account as well his name is Nathaniel Brown. I can also be reached by phone 407-325-8078.

Thank you



RECEIVED

2022 JAN 18

SECRETARY
TALLAHASSEE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2022

CRYSTAL BROWN
15651 MERLIN AVE
MASCOTTE, FL 34753

SUBJECT: CRYSTAL BROWN LLC
Ref. Number: L21000062860

We have received your document for CRYSTAL BROWN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 322A00000005