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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	120090000081	
Phone	:	(307)200-2803	
Fax Number	:	(855)330-1010	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CRYSTAL CLEAR GLOBAL LLC

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ARTICLES OF AMENDMENT **TO** ARTICLES OF ORGANIZATION OF

CRYSTAL CLEAR GLOBAL 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 <u>02/15/2021</u> and assigned Florida document number <u>L21000077860</u>.

This amendment is submitted to amend the following:

. .

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

.. . .

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, it applicable:	 	
(Principal office address MUST BE A STREET ADDRESS))21
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Enter new mailing address, if applicable:	 <u></u>	
(Mailing address MAY BE A POST OFFICE BOX)	 - co 	م.
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	_	. 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

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

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<u>Title</u>	Name	Address	Type of Action
AMBR	Margarethe Ragnhikl Roswitha Steffens	7901 4TH ST N,	🗹 Add
		STE 300	Remove
		ST. PETERSBURG, FL 33702	Change
			Add
			Remove
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			Add
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		<u> </u>	C Remove
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			O Add
			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

Dated 3/06	2021	
Mongon	latte	
_ S	ignature of a member or authorized representative of a member	
Morgan Not	ole	
	Typed or printed name of signee	

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Filing Fee: \$25.00