L21000084848

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	e #)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
C R Weine	rs LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jill DiSalvo		
		Name of Person	
	DiSalvo & Associates, PL	LC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	(C)
	1760 N Jog Road, Suite 15	50	821 KAY 10
		Address	·
	West Palm Beach, FL 334	11	RAY 10 PM 4: 00
		City/State and Zip Code	
	jdisalvo@d-acpa.com		*** VIL
For further information c	e-man address: (concerning this matter, please c	to be used for future annual report noti all:	fication)
Jill DiSalvo		561 659-1177 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 S		Street Address: Registration Sec	ction
Division of Corporations		Division of Cor	porations
P.O. Box 632 Tallahassee, l		The Centre of T	'allahassec e Street, Suite 810
· allallabboo, i		ZTIJ IV. IVIOIII O	e once, ounce ore

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C R Welliels LLC				
(<u>Name of the Limited L.</u> (A F	iability Company as it lorida Limited Liability	now appears on our record Company)	<u>ds.</u>)	
he Articles of Organization for this Limited Liabili lorida document number \frac{L21000084848}{2000084848}	ity Company were	filed on 02/19/2021		and assigned
his amendment is submitted to amend the followin	ng:			
. If amending name, enter the new name of the	limited liability co	ompany here:		
C. R. Wieners LLC				
he new name must be distinguishable and contain the words	"Limited Liability Con	ipany." the designation "LLC	or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable	: <u>N/A</u>			· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET A	DDRESS)			2
				22
				~
nter new mailing address, if applicable:	N/A			5
Mailing address MAY BE A POST OFFICE BOX	 K)		01C3 7374	P)
	<u> </u>		17.0 18.0	
		_		9
. If amending the registered agent and/or regist gent and/or the new registered office address he	tered office addres ere:	s on our records, <u>enter</u>	the name	of the new regis
Name of New Registered Agent:	//A			
New Registered Office Address:				
		Enter Florida street addres	55	
_		, Fl	orida	
	Cı			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

<u>Title</u>	Name	<u>Address</u>	Type of Action
		N/A 	
			□Remove
			Change
			□Add
		·····	□Remove
		-	Change
			Change
			
			□ Remove
			Change
			□Add
		Remove	
			Change
			□Add
			Change

A * 6 % . .

Typed or printed name of signee