h21000106090

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. RIVERS
JAN 2 4 2022



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12/09/21--01017--004 **35.00

1022 JAN 24 PH 2:52



January 3, 2022

SUSAN VALOCCHI 2999 N. 44TH ST STE 100 PHOENIX, AZ 85018

SUBJECT: CR & RA INVESTMENTS, LLC

Ref. Number: L21000106090

We have received your document for CR & RA INVESTMENTS, 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 CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

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

Letter Number: 222A00000027

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>CR</u>	& RA Invest	ments, LLC ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Susan	Valocchi Name of Person	
	Team	Select Holdings L	LC
	2999	N. 44th St. Ste	100
	Phœ	nix AZ 8501{ City/State and Zip Code	3
	E-mail address: 0	while tshe. com	ification)
For further information c	oncerning this matter, please co	all:	
Sy San Name o	Valocchi i Person	at (<u>602</u>) <u>288-4</u> Area Code Daytim	059 ne Telephone Number
Enclosed is a check for t	ne following amount:		
✓ \$25 00 Filmg Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	13 S60.00 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

¹ Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CK & KA LoveStone (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>LACCO\C6O9C</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:	_8200 NW 415+St_	
(Principal office address MUST BE A STREET ADDRESS)	_Swite 305 _Doral, FL 33166	
	Doral, FL 33166	<u>-6306</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 a agent and/or the new registered office address here:	iddress on our records, enter the nam	ne of the new register
Name of New Registered Agent:		2022 Si
New Registered Office Address:		<u></u>
	Enter Florida street address Elavida	ं छु
	Cin	THE COME IN
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plaing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am , provided for in Chapter 605, F.S. Or,	jamiliar with and . if this document is

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	Address	Type of Action
			∐Add
			□Rетюче
			Change
			□Add
			☐Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			[]Change
			□Remove
			[]Change
			□Add
			□Remove
			□Chanve

	Please add the FEIN to the file:
	20-1207576
	
If an effective Note: If th	late, if other than the date of filing:
ie record spo ord is filed.	reifies 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	January 17 2022
	Signature of a member or authorized representative of a member
	Michael Lovell Typed or printed name of signee

Filing Fee: \$25.00