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(Req	uestor's Name)	
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(City.	/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name)	
(Doc	ument Number)	
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SECRETARY OF STATE OF S

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COVER LETTER

TO: Registration Se Division of Cor			
CRRM Ca _l	pital LLC		:
SUBJECT:	Name of Lim	ited 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:	
	Curt Bender, Esq.		
	Bender,legal, PLLC	Name of Person	
	<u></u>	Firm/Company	
	P.O. Box 181283		
		Address	
	Tallahassee, FL 32303		
	curt@bender.legal	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Curt Bender		407 467-7278 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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

2022 OCT 10 PM 4:20

CRRM Capital 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	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	66 West Flagler St., Ste. 900	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130	
Enter new mailing address, if applicable:	66 West Flagler St., Ste. 900	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:	Enter Florida street address	
-	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		my com
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	vee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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>	<u>Address</u>	Type of Action
			□ Add
			TRemove
			☐Change
			□Add
		□Remove	
		···	□ Change
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	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 11	e date, if other than the date of filing:
f the record record is filed	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
Dated _	10/7/ 2022
	2022 Chuitan Rarero by Signature of a member or authorized representative of a member
	Christian Rosau by Curt Bender, Esq. Typed or printed name of signee