

L21 000 215 784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

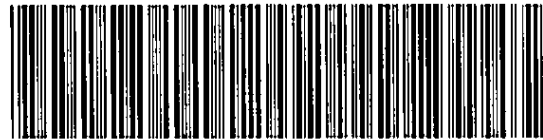
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

S.C.  
07/01/21



000366438310

06/01/21--01008--010 \*\*25.00



FILED

2021 JUN -1 A 11:2u

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C.R.K. Logistics 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:

Orville Allen  
Name of Person

Firm/Company

8400 SW 20th ST.  
Address

North. Lauderdale FL 33068.  
City/State and Zip Code

CRKLogistics LLC @ gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orville Allen at (954) 756-1290  
Name of Person Area Code 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**

C R K Logistics 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 05/10/2021 and assigned  
Florida document number L21000215784

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

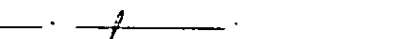
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Orville Allen	8400 SW 20th ST	<input checked="" type="checkbox"/> Add
		North. Lauderdale FL	<input type="checkbox"/> Remove
		33068	<input type="checkbox"/> Change
MGR	SANDRA DEARICA	8400 SW 20th ST	<input checked="" type="checkbox"/> Add
		North. Lauderdale	<input type="checkbox"/> Remove
		FL 33068	<input type="checkbox"/> Change
AP	Christopher Allen	8400 SW 20th ST	<input type="checkbox"/> Add
		North. Lauderdale	<input checked="" type="checkbox"/> Remove
		FL 33068	<input type="checkbox"/> Change
AP	Rhania Allen	8400 SW 20th ST	<input type="checkbox"/> Add
		North. Lauderdale	<input checked="" type="checkbox"/> Remove
		FL 33068	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JUN 1

2021 JUN - 1 A 11:24

— 1 —

Dated 5/25/21

  
Signature of a member or authorized representative of a member

Sandra Derisca Allen.  
Typed or printed name of signee

**Filing Fee: \$25.00**