## 121000 256833

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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T. MATTHEWS

## **COVER LETTER**

	istration Sec ision of Corp			
SUBJECT:		Solutions LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		Sarah Renaud		
			Name of Person	<del></del> _
		CR Dealer Solutions LLC		
			Firm/Company	<del></del> _
		9239 Rosebud Cir		
			Address	
		Port Charlotte, FL 33981		
		Chris O	City/State and Zip Code  Dutcry CPA. co. to be used for future annual repo	m
		E-mail address: (	to be used for future annual repo	rt notification)
For further in	nformation co	ncerning this matter, please ca	all:	
Sarah Renau			941 at ()	718-7808
	Name of	Person	Area Code D	laytime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CR	Dealer	Solutions	W 10 FH 3: 19
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records. Company)	)
The Articles of Organization for this Limited I	Liability Company were	filed on 11/3/2021	and assigned
Florida document number L21000256833	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
	_		
Enter new mailing address, if applicable:		<del> </del>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<del></del>	<del> </del>
B. If amending the registered agent and/or agent and/or the new registered office addre	Ç.	s on our records, <u>enter th</u>	he name of the new registered
Name of New Registered Agent:	Sarah Renaud		
New Registered Office Address:	9239 Rosebud Cir		
		Enter Florida street address	
	Port Charlotte	, Flor	ida 33981
	Ci	IV .	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		Address 21 ECV 10 Pil 3: 19  Type of Action		
Title	Name	Address 21 HCV 10 Pil	3: \9 Type of Action	
AMBR	Sarah Renaud	9239 Rosebud Cir	<b>=</b> Add	
		Port Charlotte, FL 33981		
AMBR	Cameron Renaud	9239 Rosebud Cir		
		Port Charlotte, FL 33981	■Remove	
			☐ Change	
			□Add	
		<del></del>	□Remove	
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			□Change	

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ective date, if other than the	date of filing: (optional) the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>te:</u> If the date inserted in this blo	ock does not meet the applicable statutory filing requirements, this date will not be listed a
ument's effective date on the De	partment of State's records.
	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
N	2021
ed	2021
	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a memoer
	Sarah Renaud
	Typed or printed name of signee

Filing Fee: \$25.00