

L21000 256833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

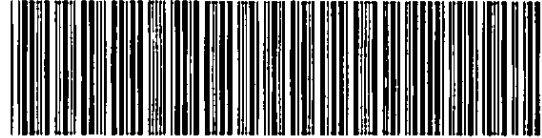
(Business Entity Name)

(Document Number)

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T. MATTHEWS

NOV 18 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CR Dealer Solutions 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:

Sarah Renaud

Name of Person

CR Dealer Solutions LLC

Firm/Company

9239 Rosebud Cir

Address

Port Charlotte, FL 33981

City/State and Zip Code

Chris @ Dutery CPA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Renaud

941

718-7808

at ()

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

CR Dealer Solutions LLC

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>
AMBR	Sarah Renaud	9239 Rosebud Cir	<input checked="" type="checkbox"/> Add
		Port Charlotte, FL 33981	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cameron Renaud	9239 Rosebud Cir	<input type="checkbox"/> Add
		Port Charlotte, FL 33981	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 NOV 11 PM 3:19

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 3, 2021



Signature of a member or authorized representative of a member

Sarah Renaud

Typed or printed name of signer

Filing Fee: \$25.00