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(Re	equestor's Name)	
(Ad	(dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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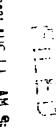
'AUG 1 1 2021

T. SCOTT



500368870295





COVER LETTER

TO: Registration So Division of Co			
	O MANAGEMENT LLC		
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CARLOS ROBERTO MA	RRERO JR	
		Name of Person	
	CRM JR HOLDINGS LLC		•
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2205 MONICA DR		
		Address	
	WEST PALM BEACH, FI	L 33415	
		City/State and Zip Code	
	CARLOSMARRERO1994	-	
		to be used for future annual report nouth	canon)
For further information of	concerning this matter, please c	all:	
CARLOS MARRERO		561 889-9481 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	*iau
Registration Division of C		Registration Sec Division of Corp	
D. O. Boy 63	•	The Centre of To	

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marrero Management LLC			
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on 07/29/2021	and assign	ned
Florida document number L21000343573	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
CRM JR HOLDINGS LLC			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C	
Enter new principal offices address, if applicable:		72	C2
(Principal office address MUST BE A STREET ADD	DRESS)	1,44	35
			<u> </u>
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		4 m 17 	<u>,</u>
		湖 克 第6	0
		>	_
B. If amending the registered agent and/or register agent and/or the new registered office address here.		ne of the new r	<u>egistered</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	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:

or removed from our records:	
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
_	A		□Add
			□Remove
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Signature of a member or authorized representative of a member		JHA.	
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100,4.5.

Filing Fee: \$25.00