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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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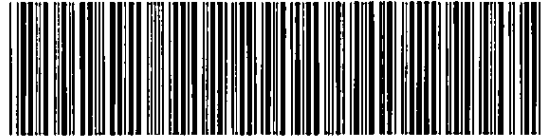
(Business Entity Name)

(Document Number)

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

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2021 SEP -7 PM 4:22

SEP 7

Stuart C. Carr

SEP 21 2021  
ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Crenston Group, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy D. Pelosi, Esq.  
\_\_\_\_\_  
Name of Person

Nancy D. Pelosi, P.A.  
\_\_\_\_\_  
Firm/Company

4179 SW 64th Avenue, Suite 100  
\_\_\_\_\_  
Address

Davie, FL 33314  
\_\_\_\_\_  
City/State and Zip Code

npelosi@pelosilaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy D. Pelosi, Esq. 954 797-8088  
\_\_\_\_\_  
Name of Person at (Area Code) Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: \_\_\_\_\_

The Crenston Group, LLC

**SECOND:**

The Florida Document number of the limited liability company is: L21000374712

**THIRD:**

Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The principal address is listed as 4179 SW 64th Street; it is Avenue and not Street; the corrected address is 4179 SW 64th Avenue, Suite 100, Davie, FL 33314; The mailing address is listed as 4179 SW 64th Street; it is Avenue not Street; the corrected address is 4179 SW 64th Avenue, Suite 100, Davie, FL 33314.

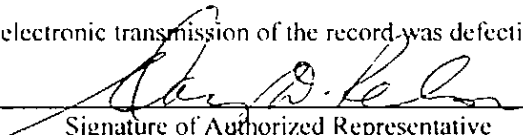
**OR**

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☒ The electronic transmission of the record was defective.

  
Signature of Authorized Representative

September 3, 2021  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee:** \$25.00  
**Certified Copy:** \$30.00 (optional)