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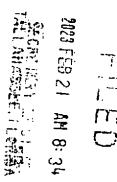
| (Req | uestor's Name) | |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | |
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February 3, 2023

CHRISTOPHER PENTON 12740 SW 151 LANE MIAMI, FL 33186 US

SUBJECT: CRIPSEN SALES LLC Ref. Number: L22000478594

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PAGE 3 OF THE DOCUMENT WAS MISSING. PLEASE COMPLETE THE ATTACHED DOCUMENT AND RETURN IT FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 823A00002692

COVER LETTER

| | gistration Se ision of Cor | | | | |
|--------------------|-------------------------------|---|---|---|--|
| SUBJECT: | | SALES LLC | | • | |
| SOBJECT. | | Name of Line | ited Liability Company | | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | omitted for filing. | • | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | CHRISTOPHER PENTO | N | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 12740 SW 151 LANE | | | |
| | | | Address | | |
| | | MIAMI, FL 33186 | | | |
| | | CPENTON18@GMAIL.CO | City/State and Zip Code OM | | |
| | | _ | to be used for future annual report no | otification) | |
| For further in | nformation c | oncerning this matter, please c | all: | | |
| CHRISTOP | HER PENTO | ON | 305 423-5588 at () | | |
| Name of Person | | Area Code Dayt | ime Telephone Number | | |
| Enclosed is a | check for th | ne following amount: | | | |
| ≅ \$25.00 F | 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) | |
| | iling Addres gistration S | | Street Address: Registration S | Section | |
| Div | ision of C | orporations | Division of Corporations | | |
| |). Box 632 Iahassee, I | | The Centre of 2415 N. Mon | Tallahassee roe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRIPSEN SALES LLC

| (Name of the Lim | ited Liability Compa (A Florida Limited | any as it now appears on our Liability Company) | records.) | | |
|---|---|--|--|-----------------------|------------------|
| The Articles of Organization for this Limited | Liability Company | were filed on 11/08/2022 | | and ass | signed |
| Florida document number L22000478594 | · | | | | |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name | of the limited liah | oility company here: | | | |
| CRISPEN SALES LLC | | | | 2 | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | "LLC" or the abbus | iation l. | L.C." |
| Enter new principal offices address, if appli | cable: | N/A | <u> </u> | | 17 |
| Principal office address MUST BE A STREET ADDRESS) | | | | 2 | |
| Enter new mailing address, if applicable: | | N/A | | Aff 8: 31 | |
| (Mailing address MAY BE A POST OFFICE | r ROY) | | * | ₽- | |
| thaning dautess mall BE ATOMY OF THE | <u>, bory</u> | | | _ | _ |
| B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent: | 44 | address on our records, <u>(</u> | enter the name of | the nev | v registere |
| New Registered Office Address: | N/A | | | | |
| | | Enter Florida street i | address | | |
| | N/A | | _, Florida N/A | | |
| | | City | | Zip Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | | | | |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as register being filed to merely reflect a change in the company has been notified in writing of this | per and complete istered agent as p registered office | performance of my dution provided for in Chapter | es, and I am fami 605, F.S. Or, if th | iliar wit his docu | h and ment is |
| | If Chai | nging Registered Agent, Signa | ture of New Registe | red Agen | <u></u> ! |

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> | Address | Type of Action |
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| ffective date, i | other than the date of filing | σ; | (opti | onal) |
| ote: If the date | other than the date of filing listed, the date must be specific and inserted in this block does not n ive date on the Department of S | meet the applicable sta | f filing or more than 90 days after tutory filing requirements, thi | filing.) Pursuant to 605.0207 s date will not be listed as |
| record specifies | a delayed effective date, but not | t an effective time, at 1 | 2:01 a.m. on the earlier of: (b |) The 90th day after the |
| | ebruary 14 | 2023 | | |
| | Signature of a | member or authorized re | presentative of a member | |
| | | | nton of signee | |

Filing Fee: \$25.00