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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

Registration Section  
Division of Corporations

CRESTED BUTTE ESCAPE LLC

**JECT:** \_\_\_\_\_  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

se return all correspondence concerning this matter to the following:

Louise McAlpin

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6901 Capilla Street

\_\_\_\_\_  
Address

Coral Gables, FL 33146

\_\_\_\_\_  
City/State and Zip Code

louisemcalpin23@gmail.com

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

r further information concerning this matter, please call:

Louise McAlpin at (305) 283-3451  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

nclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CRESTED BUTTE ESCAPE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on December 8, 2023, and assigned  
file document number L23000543814

An amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

enter new principal office address, if applicable:

principal office address MUST BE A STREET ADDRESS)

enter new mailing address, if applicable:

mailing address MAY BE A POST OFFICE BOX)

**FILED**  
2024 NOV 19 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Louise McAlpin

New Registered Office Address:

6901 Capilla Street

*Enter Florida street address*

Coral Gables

Florida

33146

*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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

R = Manager

BR = Authorized Member

<u> </u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
BR	LOUISE MCALPIN	6901 Capilla Street	<input type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
BR	ANDREW BRENNAN	6901 Capilla Street	<input type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**f amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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

a 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 October 16, 2024

*Loan M G*  
Signature of a member or a

Signature of a member or authorized representative of a member

Louise McAlpin

Typed or printed name of signee