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SECRETARY OF STATE
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## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations			
CRISTALIA	A LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	EDUARDO A. ARAUJO,	SR.		
		Name of Person	<del></del>	
	CRISTALIA LLC			
		Firm/Company	<del></del>	
	11605 MONUMENT DR.	UNIT 2201		
	•	Address		
	BRADENTON, FL 34211			
		City/State and Zip Code	<del></del>	
	ricoarantes@hotmail.com  E-mail address: (	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
EDUARDO A. ARAUJO	D. SR.	804 349-9701		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration S	ection	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices 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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and/or the new registered office address here:    Name of New Registered Agent:   N/A	CRISTALIA LLC			
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices 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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regardent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    N/A	( <u>Name of the Lim</u>	ited Liability Co	mpany as it now appears o	n our records.)
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices 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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regardent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    N/A				2024 SEP 12 AH 19
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices 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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regardent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    N/A	The Articles of Organization for this Limited I	_iability Comp	any were filed on service	SECRETAIN and a selection
A. If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Enter new principal offices 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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  N/A  Enter Florida street address  Enter Florida street address  Lip Code	Florida document number L24000059301	· · · · · · · · · · · · · · · · · · ·		TALLAHASSEE STATE
Enter new principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and/or the new registered office address here:    Name of New Registered Agent:   N/A	This amendment is submitted to amend the fol	lowing:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices 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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regardent and/or the new registered office address here:    N/A	A. If amending name, enter the new name	of the <u>limited</u>	liability company here	:
Enter new principal offices 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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new regard and/or the new registered office address here:    N/A				
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and/or the new registered office address here:    Name of New Registered Agent:   N/A	Enter new principal offices address, if appli	cable:	N/A	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  N/A  Enter Florida street address	(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and/or the new registered office address here:    Name of New Registered Agent:   N/A				
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Name of New Registered Agent:  New Registered Office Address:    N/A	(Mailing address MAY BE A POST OFFICE	E BOX)		
Name of New Registered Agent:  New Registered Office Address:    N/A				
Name of New Registered Agent:  New Registered Office Address:    N/A				
Name of New Registered Agent:  New Registered Office Address:    N/A	** **	•	ice address on our reco	ords, enter the name of the new register
New Registered Office Address:    N/A   Enter Florida street address	agent and/or the new registered office addr	ess here:		
New Registered Office Address:    N/A		N/A		
Enter Florida street address  Florida  City  Zip Code	Name of New Registered Agent:			
, Florida	New Registered Office Address:	<u>N/A</u>		
· · · · · · · · · · · · · · · · · · ·		Enter Florida street address		
· · · · · · · · · · · · · · · · · · ·				, Florida
New Registered Agent's Signature, if changing Registered Agent:			•	Zip Code
	New Registered Agent's Signature, if changing	Registered Ag	ent:	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an		•		

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

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>	Address	Type of Action
MGR	EDUARDO A. ARAUJO, SR.	H605 MONUMENT DR	<b>≣</b> Add
		UNIT 2201	□Remove
		BRADENTON, FL 34211	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be pri- k does not meet the appl	or to date of filing or more the	(optional) nan 90 days after filing.) Pursi quirements, this date will i	uant to 605.0207 not be listed as
e record specifies a delayed effective ded is filed.	ate, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90th	n day after the
Dated	. 2024	·		
<i>Y</i>	i ante	thorized representative of a		
$\mathcal{Q}$		1 - Y		
Sig	gnature of a member or au	thorized representative of a	member	<del></del>