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((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
1)	Business Entity Name)	
	Document Number)	
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Certified Copies	Certificates of S	Status
Special Instructions to F	ilina Officer:	
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Office Use Only



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2024 MAR 25 AM II:





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 - Fax (850) 222-1222

	<u></u> !
CRYSTAL LAKE VILLAS LLC	-
	_
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1401	Art of Inc. File
The same of the sa	
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ ,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

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TO: Registration S Division of Co			
SUBJECT: CRYSTAI	LAKE VILLAS LLC		
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	binitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	John Ballantyne		
		Name of Person	
	Ballantyne Acetg Service	AKE VILLAS LLC Name of Limited Liability Company mendment and fee(s) are submitted for fiting, lence concerning this matter to the following: John Ballantyne Name of Person Ballantyne Acetg Service Inc Firm/Company 903 N PINE HILLS RD Address ORLANDO FI 32808 City/State and Zip Code ballantyne903@gmail.com E-mail address: (to be used for future annual report notification) cerning this matter, please call: at (407 Area Code) Daytime Telephone Number	
			
	903 N PINE HILLS RD		
		Address	
	ORLANDO FI 32808		
		City/State and Zip Code	
			····
For further information c			(tilication)
John Ballantyne		217 407 765-1739	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee \$25.00 Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S		Street Address:	ation
Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	Fallahassee
Tattahassee, I	·L 32314	2415 N. Monre	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 MAR 25 AM II: 36

CRYST.	ΔĪ	Δ.1	KΕ	VП	1 4	Ç	1 1	c
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(Name of the Limited Liability Company as if now appears on our recorrELL AHASSEE, FLORING (A Florida Limited Liability Company)

		Mallion
The Articles of Organization for this Limited Liability Co	ompany were filed on March 11 2024	and assigned
Florida document number L24000120960	_ .∙	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted fighility company horse	
translating mane, <u>enter the new name of the time</u>	ica trapany company nere.	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter th	e name of the new register
Non-Designand Office Address		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	City	daZip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and ent as provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of N	'an Davidsand Court

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>	Name	Address	Type of Action
ambr	Mohamed Alghazali	1598 E SILVER STAR RD	🖸 Add
		OCOEE FL 34761	≣Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			[]Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
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			□Change

Effective date, if other than the date of filing:					·		
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Signature of a member or authorized representative of a member	Dated MARCH 22	and d	2024	<u> </u>			
		Signature	of a member or audi	orized representative	of a number	····	
			e. or mann	and expressed marrie			

Filing Fee: \$25.00