L24000158409

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PICK-UP WAIT MAIL
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CR AUTO SUBJECT:	MATION LLC			
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cameron Restaino			
		Name of Person		
	CR AUTOMATION LLC			
		Firm/Company	······································	
	8653 Karpeal Drive 1104			
		Address		
	Sarasota, FL 34238			
	-	City/State and Zip Code		
	cameronrestaino@icloud.co	om		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Cameron Restaino		973 9410522		
Name (of Person	at ()	ne Telephone Number	
Enclosed is a check for t	he 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 Addre		Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CR AUTOMATION LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on April 02, 2024 and assignment	gned
Florida document number L24000158409		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	024 AP	
	· 9 :-	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u>. Ω</u>	
	₩,	
B. If amending the registered agent and/or registered office adequate and/or the new registered office address here:	ldress on our records, enter the name of the new	regis
ingent unitary the new registered office address never		
Name of New Registered Agent:		
Name Danightened Office Addresses		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zin 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

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	Camron R Restaino	8653 Karpeal Drive 1104	□Add
		Sarasota, FL 34238	■Remove
			Change
CEO	Cameron Restaino	8653 Karpeal Drive 1104	= Add
		Sarasota, FL 34238	□Remove
			□Change
			□Add
			Remove
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Filing Fee: \$25.00