

L24 000224 888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

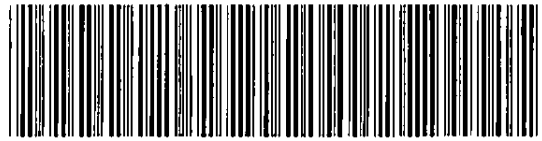
(Document Number)

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J. HORNE  
OCT 30 2024

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10/15/24--01014--005 \*\*25.00

FILED  
2024 OCT 15 PM 12:10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Crest Solutions LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Shalamar Major  
Name of Person

Crest Solutions LLC  
Firm/Company

6750 N. Andrews Avenue Suite # 2029  
Address

Fort Lauderdale FL, 33309  
City/State and Zip Code

Crestsolutions24@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shalamar Major at (561) 631-5523  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

Crest Solutions LLC

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

FILED

2024 05 15 PM 12:11

The Articles of Organization for this Limited Liability Company were filed on May 14, 2024 and assigned Florida document number L24000224888

This amendment is submitted to amend the following:

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

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)

Cypress Park West

6750 N. Andrews Ave

Suite # 2029

Ft. Lauderdale FL, 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Cypress Park West

6750 N. Andrews Ave

Suite # 2029

Ft. Lauderdale FL, 33309

**B. 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:

Shalamar Major

New Registered Office Address:

6750 N. Andrews Ave Suite # 2029

Enter Florida street address

Ft Lauderdale

Florida

33309

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.*

Shalamar Major

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>	<u>Address</u>	<u>Type of Action</u>
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(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)

If the 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 6, 2024

Shalamar Mayr  
Signature of a member or authority

Signature of a member or authorized representative of a member

Shalamar major  
Typed or printed name of signer

Typed or printed name of signee