L2400268413

(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900436461829

03/15/24--01018--01/ +-25.80



08/19/24

COVER LETTER

' Division of Cor			
SUBJECT: C	QN KKS	LLC	
		nited 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:	
		<i>ma</i>	
	Lame	Name of Person	
	17.	- - -	1
	IKDA	L Runner S	Wison 5
	101 ()	ounty line	
		Address	
	hakela	nd /FL /33	fions@gmuilicon
	4	City/State and Zip Code	Figni Q and
	E-mail address:	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please o		·
	-		_
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	on Ewes		73252
Name c	u rerson	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration		Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

CRN RR	S LLC	
(A Florida Limited I		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on _ ob	$\sqrt{-12-2^{4}}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		Tr.
•		J
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OF FICE BOX)		
		F. 55
• •	-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records.	enter the name of the new registered
	•.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	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 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 O	Address	Type of Action
AMBR	Comeron, Evers	Holz county line Rd	LAdd
CEC		· 3	□Remove
			□Change
			DAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chanua

	•
	-
[If an effective <u>Note:</u> If th	ate, if other than the date of filing:
ne record spo ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	08-29-2024
	Signature of a member or authorized representative of a member
	Jeffrey Ford Typed or printed name of signee

Filing Fee: \$25.00