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(Address)

(Address)

(City/State/Zip/Phone #)

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2024 SEP -6 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Crimson Investments 109 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:

Dominick Mangone
Name of Person
Crimson Investments 109 LLC
Firm/Company
762 NW 7th Street
Address
Boca Raton, FL 33486
City/State and Zip Code
dmangone@mangoneandsons.com
E-mail address: (to be used for future annual report notification)

FILED
2011 SEP -6 11:10:11
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Dominick Mangone at 954 520-8554
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Crimson Investments 109 LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 21 2024 and assigned
Florida document number L24000367229.

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)

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TALLAHASSEE, FL

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 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>
MGR	Almonte Group Holdings LLC	1747 Evans Road	<input checked="" type="checkbox"/> Add
		Melbourne FL 32904 UN	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	The Almonte Group Inc.	2393 South Congress Ave	<input type="checkbox"/> Add
		West Palm Beach FL 33406 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Todd Morvilloi R	265 Winchester Dr	<input type="checkbox"/> Add
		Wakefield, RI 02879 UN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Todd R. Morvilloi Revocable Trust	265 Winchester Dr	<input checked="" type="checkbox"/> Add
		Wakefield, RI 02879 UN	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FL

2024 SEP -5 AM 10:148
SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL
2024 SEP -5 AM 10:48

(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 September 3, 2024

Signature of a member or authorized representative of a member

Dominick Mangone
Typed or printed name of signatory

Typed or printed name of signee

Filing Fee: \$25.00