

M18000006390

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC.
Account Number : 120010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CRESTONBURY GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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Y SULKER

FEB 03 2020



February 3, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CRESTONBURY GROUP LLC
8400 NW 25TH ST, STE 100
BM10621
DORAL, FL 33198US

SUBJECT: CRESTONBURY GROUP LLC
REF: M18000006390

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000034535
Letter Number: 420A00002444

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CRESTONBURY GROUP LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M18000006390

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 7/11/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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.

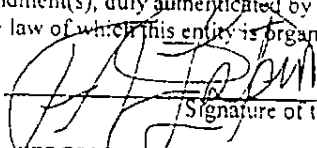
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
Remove Froilan Sandoval and add Federico Latour as a member and manager.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FEDERICO LATOUR	8400 NW 25TH ST STE100 BM10621	<input checked="" type="checkbox"/> Add
		DORAL, FL 33198	<input type="checkbox"/> Remove
AMBR	FEDERICO LATOUR	8400 NW 25TH ST STE100 BM10621	<input checked="" type="checkbox"/> Add
		DORAL, FL 33198	<input type="checkbox"/> Remove
MGR	FROILAN SANDOVAL	8400 NW 25TH ST STE100 BM10621	<input type="checkbox"/> Add
		DORAL, FL 33198	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative
FEDERICO LATOUR

Typed or printed name of signer

Filing Fee: \$25.00