

PO8000071208

(Requestor's Name)

(Address)

CF-10.00

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

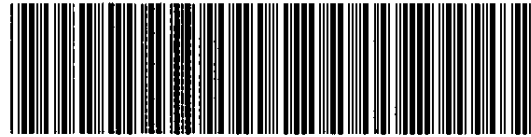
(Business Entity Name)

(Document Number)

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06/01/10--01056--006 **30.00

06/16/10--01007--002 **10.00

CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 14 PM 3:45

B. KOHR

JUN 17 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2010

DAVID CRILL
DAVID CRILL ENTERPRISES INC
2600 FLORAL ROAD
LAKE WORTH, FL 33462

SUBJECT: DAVID CRILL ENTERPRISES INC
Ref. Number: F08000071208

We have received your document for DAVID CRILL ENTERPRISES INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you have submitted can only be used to file an amendment on a Florida LLC.

Because DAVID CRILL ENTERPRISES INC is a corporation, it must use a profit corporation amendment form.

Please complete, sign, and return the enclosed FLORIDA PROFIT CORPORATION AMENMENT form.

Please note that the fee required to file this form is \$35.00. We have retained your \$25.00 payment.

Please include a check for an ADDITIONAL \$10.00, when you resubmit your amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 510A00014007

FILED STATE
SECRETARY OF CORPORATIONS
10 JUN 14 PM 3:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David Crill Enterprises Inc.
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:

David Crill

Name of Person

David Crill Enterprises Inc.

Firm/Company

2600 Floral Rd

Address

Lake Worth Florida 33462

City/State and Zip Code

pcril1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Crill

Name of Person

at (561)

902-9076

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 14 PM 3:45

Articles of Amendment
to
Articles of Incorporation
of

DAVID CRILL ENTERPRISES Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

FILED STATE
DIVISION OF CORPORATIONS
10 JUN 14 PM 3:45

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City) _____, Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
V.P.	ROBERT CRILL	2600 FLORAL RD. LAKE WORTH FL, 33462	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 6-11-10

Signature David P. Crill
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAVID CRILL
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)