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	Registration Se Division of Cor		•	14 (14) (14) (14) (14) (14) (14) (14) (1
cupuc	CREW 27 C	CORP		
SUBJEC	:	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	indence concerning this matter	to the following:	
		RAUL FRANCO		
			Name of Person	
		ALL IN TAX SERVICES	LLC	
			Firm/Company	
		4716 EAST MICHIGAN	ST	
			Address	
		ORLANDO - FL 32812		
			City/State and Zip Code	
		admin@allinins.com		
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	tification)
RAUL F		oncerning this matter, preuse o	407 203 4724	
MAUL I			at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≅ \$25.0	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:		Street Address: Registration Se	ection	
Registration Section Division of Corporations			Division of Co	
1	P.O. Box 632	7	The Centre of	Tallahassee
•	Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



CREW 27 CORP

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

			<u> </u>	<u>~</u>
(Name of Corporat	tion as currently	filed with the Florida	Dept. of State	
P23000069583			7	
(Docu	ment Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridas Articles of Incorporation:	la Statutes, this FI	lorida Profit Corporal	ion adopts the follow	ing amendment(
a. If amending name, enter the new name of the c	cornoration:			
CREW 27 UNDERGROUND CORP				
				The new
ame must be distinguishable and contain the word "c Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbr	" or "Co". A			
B. Enter new principal office address, if applicable				
Principal office address <u>MUST BE A STREET AD</u>	DRESS)			
C. Passa and mallion address if an Parklas				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)			
	_			
			-	
		ss in Florida, enter tl	ie name of the	
new registered agent and/or the new registered	i office address:			
Name of New Registered Agent				
	(Florida stree	r address)		_
New Registered Office Address:			, Florida	
	(C	lity)	(Zij	r Code)
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent New Registered Office Address:	d office address: (Florida stree	r address)		
New Registered Office Address:		769		
	(4.	,- /	(23-7	
ew Registered Agent's Signature, if changing Re	gistered Agent:			
hereby accept the appointment as registered agent.		th and accept the oblig	gations of the position	
	,		, <i>p</i>	
	antonia of Maria Pri	danimal taring that		_
Sign	nature of New Reg	gistered Agent, if chan	ging	_

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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I)Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4)Change		_		
Add				
Remove				
5) Change		_	MEAN the section of the	
Add				
Remove				
6) Change		_		
Add				
Parmova				

If amending or adding addition Attach additional sheets, if nec	essary). (Be specific)			

		-,		
				•
If an amendment provides for provisions for implementing (if not applicable, indicate	the amendment if not	fication, or cancellat contained in the am	ion of issued shares, endment itself:	
				

	option:	, if other than t
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the ame fficient for approval.	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
Dated 02/6 Signature	Valua Gira	
	Actor, presidentor other officer – if directors or officers have n , by an incorporator – if in the hands of a receiver, trustee, or o	
	ed fiduciary by that fiduciary)	aler court
	(Typed or printed name of person signing)	
	(Title of person signing)	