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J. HARRIS

## **COVER LETTER**

то:	Registration Section Division of Corporations
	CRAIG XEN LLC
SUBJE	CT:Name of Limited Liability Company
The end	losed Articles of Amendment and fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the following:
	Crais Gordwin Name of Person
	Name of Person
	CRAIG XEN LLC Firm/Company
	Firm/Company
	4471 NW 65 <sup>TH</sup> 5T Address
	Address
	COLONGT CREEK, FL 33073  City/State and Zip Code
	E-mail address: To be used for future annual report notification)
For fun	her information concerning this matter, please call:
	Crai: Gordain at (832) 757 5038  Name of Person Area Code Daytime Telephone Number
	Chamic of Ferson
Enclose	ed is a check for the following amount:
<b>*</b> 2:	5.00 Filing Fee

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limite	npany as it now appears ( ed Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>L17000170632</u> .	any were filed on <u>/</u>	lugust 10, 20	017 ar	nd assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company hero	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the des	ignation "LLC" or the	abbreviati	ion "L.L.	<u>c."</u>
Enter new principal offices address, if applicable:					<del></del>
Principal office address MUST BE A STREET ADDRESS.	<u> </u>		3+ r.	<u> </u>	
				7 AUS 2	ER ERGO: I
Enter new mailing address, if applicable:			<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				<u>홟</u> 당	
		<del></del> -	<u></u>	 	<del></del>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	i office address on i here:	our records, <u>ent</u>	er the n	ame o	<u>f the ne</u>
	<del></del>				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florio	Enter Florida street address			
		Florida			
	City		Zip	Code	
New Registered Agent's Signature, if changing Registered Age	ent:				

If Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Crais Gordwin	4471 NW 65th St,	A Add
	J	Coconut Creek, FL 33073	
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ffective date, if othe an effective date is listed. (ote: If the date inserto ocument's effective da	ed in this block do	es not meet the a	pplicable statutor	ng or more than 90 d y filing requireme	_ (optional) ays after filing.) P ints, this date wi	ursuant to 605.0 Ill not be listed
e record specifies The 90th day afte	a delayed effe er the record is	ctive date, bu ; filed.	it not an effeci	tive time, at 1	2:01 a.m. or	n the earlier
ated August 1	18#,	<u>Z</u> oj	<u>17,</u>			2 <b>4</b>
<del>-</del>		/,				
	Signat	ure of a nember of	r authorized represe	ntative of a membe		ZENT AUG 24
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Filing Fee: \$25.00