L23000148997

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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LUODNE
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AUG 2 4 2023

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COVER LETTER

	Division 4	tion Secti of Corpo				¥	
CUD IE		CRAFT					
SUBJE	C1:	Name of Limited Liability Company					
The enc	losed Artic	cles of Ar	nendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all co	orrespond	ence concerning this matter	to the following:			
			DIEGO I SILVERA				
				Name of Person	-		
			RRC CRAFT LLC				
				Firm/Company			
			14234 SW 289TH TERRA	CE			
				Address			
			HOMESTEAD, FL 33033				
			rrccraft@firstcargo.us	City/State and Zip Code		 	
			•	to be used for future annual re	port notification)		
For furtl	her inform	ation con	cerning this matter, please ca	all:			
DIEGO	I SILVER	kA.		786 2514	040		
	1	Name of P	erson	Area Code	Daytime Telepho	one Number	
Enclose	d is a chec	k 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 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**



RRC CRAFT LLC

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

he Articles of Organization for this Limited Liability Company	were filed on 03/23/2023	and assigned
orida document number L23000148997		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		· .
Mailing address MAY BE A POST OFFICE BOX)		.
. If amending the registered agent and/or registered office	address on our records.	enter the name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		 ·
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida Zip Code
	Ciţv	Zip Code

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 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> Fitle</u>	Name	Address	Type of Action
DIR	LUIS EDUARDO MUGICA	14234 SW 289TH TER, HOMESTEAD, FL 33033	= Add
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	ther than the date of filing: sted, the date must be specific and ca	annot be prior to date of f	(option or more than 90 days after	onal) filing) Pursuant to 605 0207.
Effective date, if		admot be prior to diffe or in	and of more than 23 days after	ming. / Luistan to 003.0207
If an effective date is Note: If the date i	serted in this block does not me	eet the applicable statut	ory filing requirements, this	s date will not be listed as
If an effective date is Note: If the date i	serted in this block does not me e date on the Department of Sta	eet the applicable statut ate's records.	ory Illing requirements, this	s date will not be listed as
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If an effective date is Note: If the date is document's effective record specifies a rd is filed.	serted in this block does not me e date on the Department of Sta delayed effective date, but not a	ate's records. In effective time, at 12:	01 a.m. on the earlier of: (b	