L07000 101504

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
(20011101111111111111111111111111111111
Certified Copies Certificates of Status
Gertified depices
Special Instructions to Filing Officer:

Office Use Only



800255570028

01/15/14--01013--016 **25.00

2014 JAN 15 PM 1: 04

JAN 21 9018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CNA Craft Designs LLC	
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:	
Chantal Avizemer	
Name of Person	
CNA Craft Designs LLC	
Firm/Company	
4851 W. Hillsboro Blvd - Suite A-9	
Address	
Coconut Creek FL 33073	2014 JAN 15
City/State and Zip Code	意 AR
info@chantalsevents.com E-mail address: (to be used for future annual report notification)	5
ΓΓ)	
For further information concerning this matter, please call:	PH I: 0
Chantal Avizemer _{at (} 561) 213-3154	₩ 2
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNA CRAFT DESIGNS LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000101504</u> .	were filed on 2001 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
CNA ASSOCIATED L.L.C	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4851 W. Hillsboro Blvd
incipal office address MUST BE A STREET ADDRESS) Suite A-9	Suite A-9
	Coconut Creek FL 33073
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	A
	JAN JAN
	र्कर्कि <mark>ज</mark>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the records.
egistered agent and/or the new registered office address ner	TOYIOL SIVIS
Name of New Registered Agent:	ATE 40
New Registered Office Address:	
non 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
Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	nnager ' ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		Access 1 Street Control	Remove
			☐ Remove
			· · · · · · · · · · · · · · · · · · ·
			Add
			☐ Remove
			Add
			Add 2014 AN 20
			SSET OF PERSON
	<u> </u>		FER BANG
			Remove
			□ Add
			☐ Remove

<u> </u>	
	······
	<u> </u>
ffective date must be specific, cannot be prior to date of receipt or filed date and car	(optional) nnot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed date and car late this document is filed by the Florida Department of State:	(optional) nnot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed date and car ate this document is filed by the Florida Department of State:	(optional)
ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and car date this document is filed by the Florida Department of State) ed January 13th A A A A A A A A A A A A A	(optional) nnot be more than 90 days after
ffective date must be specific, cannot be prior to date of receipt or filed date and car late this document is filed by the Florida Department of State)	nnot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

ZOIN JAN 15 PM 1: QU