L13000028316

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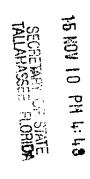


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COVER LETTER

TO:	Registration Sec Division of Corp		•	,
SUBJE	ст:	VOLA CRAW		
		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		Meliss	a ACKMAN Name of Person	
		NOLA C	RAWFISH, LLC Firm/Company	<u>, </u>
		8912 schoo	ner court Address	
		Navarre, F	L 325 LO W City/State and Zip Code	
		Mudbug expre	City/State and Zip Code SS Q VAN 00 . COM o be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	ılı:	
_Me	Name of	KMAN Person	at (850) 49 U - Area Code Daytime	2991 Telephone Number
Enclose	ed is a check for th	e following amount:		
5 /\$2:	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000028316</u> .	were filed on 2 25 2013 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:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2459 Heritage Circle
(Principal office address MUST BE A STREET ADDRESS)	Navarre, FL 32566
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City. Zin Code

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

NINI A CDAWLEICH IIC

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 Agen

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

Type of Action <u>Title</u> <u>Name</u> **Address** Karl Hartman MGR 8912 Schooner court □ Add NAVAVVE, FL 32566 Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ∏ Remove ☐ Change □ Add □ Remove ☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	essary.)	
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	,	
		
Effective date, if other than the date of filing: 11005 (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuan	t to 605.0207 be listed as
he record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	a.m. on the	earlier of
Dated 11/10/15 Melissa CACKMUM		
Signature of a member of authorized representative of a member	SEC	ਤ ਲ
Melissa L. Actman Typed or printed name of signee	TASSE	10 kg 5
Page 3 of 3	등 2 일	

Filing Fee: \$25.00