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## **COVER LETTER**

	ition Sect of Corp			
Crav	ve Graphi	x, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Arti	cles of A	mendment and fee(s) are sub		
Please return all c	orrespon	dence concerning this matter	to the following:	
		Sabrina Abernethy		
		Exclusive Thredz, LLC	Name of Person	MALLAN, 13
		1195 - 13th Street	Firm/Company	LANGUE A
		Orange City, FL 32763	Address	A # 16
		exclusivethredz@gmail.com		
For further inforn	nation cor	E-mail address; ( accorning this matter, please co	to be used for future annual report notiful.	ication)
Sabrina Aberneth	y		386 848-3560	
	Name of E	Person		Telephone Number
Enclosed is a chec	ck 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)
	Registrat Division P.O. Box	GADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Certallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crave Graphix, LLC					
(Name of the Limited)	Liability Company as it now apper Florida Limited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liab lorida document number L13000029776	ility Company were filed on _	February 25, 2013 and as	ssigned		
his amendment is submitted to amend the follow	ing:				
. If amending name, enter the new name of th	e limited liability company l	<u>iere</u> :			
exclusive Thredz, ELC					
he new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the abbreviation "	L.L.C."		
nter new principal offices address, if applicab	le: <u>N/A</u>	28	<b>さた。 29</b>		
Principal office address MUST BE A STREET.	ADDRESS)				
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	N/A	O A H			
Tuning differs MAT BE AT 1551 OFFICE BO	<u> </u>	5. 6			
s. If amending the registered agent and/or egistered agent and/or the new registered offic   Name of New Registered Agent:		on our records, <u>enter the name</u>	e of the		
New Registered Office Address:			·		
the registered Office Address.	Enter Fl	orida 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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>Title</u>	<u>Name</u>	Address		Type of Action
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			37. 27.	Add  Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date.	gte of filing or more than 90 days of	otional)		AE 0207
ote: If the date inserted in this block does not meet the applicable	statutory filing requirements, t	his date wil	I not be li	isted as
records.				
e record specifies a delayed effective date, but not ar	n effective time, at 12:01	a.m. on	the ear	lier of
The 90th day after the record is filed.			.,,,	
ated April 24				
ated				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00