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COVER LETTER

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TO: Registration Section Division of Corporation					
CUBIECT.	595	CRAFT LLC	_		
SUBJECT:		ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please return #1 correspond	lence concerning this matter	to the following:			
		LIZ GUIGON			
		Name of Person			
	AOA CO	ONSULTING SERVICES LLC			
		Firm/Company			
	18	380 SW 55 AVENUE			
		Address			
	PLAN'	TATION FLORIDA 33317		- TITE -	
		City/State and Zip Code	,	201	-
		Z.GUIGON@ATT.NET			[6]
	E-mail address: (to be used for future annual report notifica	tion)	7.18 7.88	3
For further information con	cerning this matter, please ca	ali:			
LIZ GUIGON		954 336 - 904	.4	95 f.	9
Name of F	'erson		elephone Number	5 6	
Enclosed is a check 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)	Certified	te of Status &	

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

595 CRAFT, LL	
(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were file	ed on 01/01/2014 and assigned
Florida document numberL13000167345	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and end with the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20
Enter new mailing address, if applicable:	System of the sy
(Mailing address MAY BE A POST OFFICE BOX)	
	55 50
B. If amending the registered agent and/or registered office ad- registered agent and/or the new registered office address here:	dress on our records, enter the name of the ne
Name of New Registered Agent:	
New 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MARY K HANSEN	4847 GLOUCESTER CT	Add
		FORT MYERS, FL 33907	Remove
MGR	MARY HANSON	4847 GLOUCESTER CT	Add
		FORT MYERS, FL 33907	Remove
AMBR	MARY HANSON	4847 GLOUCESTER CT	Add
		FORT MYERS, FL 33907	Remove
			Add
		The state of the s	Remove
		THE STATE OF THE S	Add Remove:
			Add
			Remove

If amending any other information, enter	· change(s) here: (Attach ad	ditional sheets, if necessary.)
•	•	
•	····	
Effective date, if other than the date of fil (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departs	date of receipt or filed date and can	(optional) not be more than 90 days after
Dated DECEMBER 12	2014	
Mand Wi	Kneel	
Signature o	f a member or authorized representa	ative of a member
EDWARD MCNERNEY		
	Typed or printed name of signs	9 4

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