# L14000104524

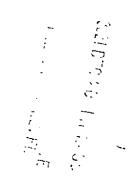
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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A. BUTLER

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## **COVER LETTER**

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SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Darci French		
		Name of Person	
	Rondar,LLC		
	Parei French    Solution   Person		
	8562 NW 3rd St.		
		Address	<del>- : ' = -</del>
	Coral Springs, FL 33071		
			<del></del>
			ication)
For further information c			,
	whoering this matter, predict o		
	é Daronn	at ()	Talanhona Number
Nume o	i reison	Area Code Dayunie	receptione Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration Sec	tion

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

,

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

Rondar,LLC		<i>;</i>
( <u>Name of the Limited Liah</u> (A Flor	bility Company as it now appears on our recordida Limited Liability Company)	(s) 700 (11 4. C)
The Articles of Organization for this Limited Liability	Company were filed on July 1, 2014	and assigned
lorida document number L14000104524	·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
Cranky Crafts & Woodworks, LLC		
he new name must be distinguishable and contain the words "L	limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX		
		·
3. If amending the registered agent and/or register		the name of the new registe
gent and/or the new registered office address here	<u>:</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	XS
	F	lorida
<del></del>	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 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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			□Remove
			Change
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ctive date, if other than the	date of filing:		(optional)	
effective date is listed, the date must e: If the date inserted in this blo ment's effective date on the De	be specific and cannot be prior ck does not meet the appli	cable statutory filing	e than 90 days after tiling.) Pu	rsuant to 605,020 I not be listed a
ecord specifies a delayed ne 90th day after the reco		ot an effective tir	ne, at 12:01 a.m. on	the earlier
December 13	2021			
12.00	French Signature of a member or auth			
yranci	, , , , , , , ,			
	Signature of a member or auti	horized representative o	l a member	

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Filing Fee: \$25.00