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PICK-UP	☐ WAIT	MAIL
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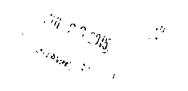
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Track Your Craft 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:
Rene Woodhead Name of Person
Track Your Craft, LC Firm/Company
326 JUDIETLAYES BUD #2803B
TUDITO, FL 33458 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pene Docahead at (Ell) 300-8830 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} & Certificate of Status & Certified Copy (additional copy is enclosed)} \$25.00 Filing Fee & 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

Mack Just Gari C		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number 14400159220. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	were filed on 1013	and assigned SECRETARY OF TALLARY OF
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "	LLC" or the abbreviation "b.L.C."
Enter new principal offices address, if applicable:		30 ATE ORIGI
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	320 JUDILY LC	WOSBLVD #3308B 233458
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
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	te, if other than the ate is listed, the date must	be specific and can	not be prior to date	of filing or more that	(options in 90 days after fili	ng.) Pursuant to 605.	.020
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Filing Fee: \$25.00