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| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone # | 1) |
| PICK-UP WAIT | ☐ MAIL |
| (Business Entity Name | <u> </u> |
| , | |
| (Document Number) | <u>!</u> |
| Certified Copies Certificates of | f Status |
| Special Instructions to Filing Officer: | |
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A. RIVERS JAN - 5 2023

Office Use Only

10/11/22

I would like to change the name of my LLC, Doduments attached.

My address. Mary Eliza Midgett 60 Sabal Cay Ct. New Smyrna Beach, FL 407-461-4036

Old name: 514 Crystal LLC New name: ElizaMidgettColors LLC

Thank you,
M. Say

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

514 CRYSTAL, LLC

| (Name of the L | imited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
|--|--|
| The Articles of Organization for this Limite Florida document number | d Liability Company were filed on and assigned |
| This amendment is submitted to amend the | following: |
| A. If amending name, enter the new nam | |
| ElizaMidgett | Colors LLC he words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| The new name must be distinguishable and contain t | ne words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if ap | olicable: |
| Principal office address MUST BE A STF | EET ADDRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OF FI | CE BOX) |
| | |
| B. If amending the registered agent and/agent and/or the new registered office ad- | F |
| New Registered Office Address: | |
| New Registered Office Address. | Enter Florida street address |
| 1 | Florida |
| | Florida |
| New Registered Agent's Signature, if changi | ng Registered Agent: |
| provisions of all statutes relative to the paccept the obligations of my position as r | ered agent and agree to act in this capacity. I further agree to comply with the roper and complete performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 605, F.S. Or, if this document is he registered office address, I hereby confirm that the limited liability |
| | 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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| D. If amending any other informa | tion, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ock does not meet the applicable statutory filing requirements, this date will not be listed as the |
| If the record specifies a delayed effective record is filed. | e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated 10/11/20 | 22 |
| | Signature of a member of authorized representative of a member |
| MARY ELIZA MIDGE | |
| WANT CDIZA MIDOC | Typed or printed name of signee |