Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	page. Doing so will generate another cover sheet.	
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	Division of Corporations	75 7-1 *
	Fax Number : (850)617-6383	SS F
From:		
	Account Name : SUPERBIZ.COM, INC.	حت نساست 🗷
	Account Number : 120070000160	(9) c
	Phone : (800)494-3124	III E►
	Fax Number : (305)675-2811	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRANE FINANCIAL GROUP LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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· ·	CRANE FINANCIA	AL GROUP LLU				
(Name of the Limite	d Liability Company A Florida Limited Lia	y as it now appearability Company)	s on our records.)			
The Articles of Organization for this Limited Lia Florida document numberL15000173640			10/12/2015	and as	Note the ne	
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabili	ty company he	ere:			
THE CRANE FINANCIAL GROUP LLC						
The new name must be distinguishable and contain the wo	rds "Limited Liability	y Company," the d	esignation "LLC" or the	abbreviation "L	L.C."	
Enter new principal offices address, if applica	ble:	4355 SE 541	TH STREET			
(Principal office address MUST BE A STREET		OCALA, FLORIDA 34480				
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)			TH STREET ORIDA 34480	Dec.		
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered offi ice address here:	ce address on	our records, <u>ente</u>	r the name	Ni Of the	e nev
Name of New Registered Agent: NATALIA		RANE		- رين انتي		III
New Registered Office Address:	4355 SE 54TH STREET			<u></u> ≈:≥	ب	
		Enter Flo	ida street address) >	င်	
	OCALA		, Florida _	34480		
		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

Page 1 of 3

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 H15000264423 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	NATALIA CRANE	4355 SE 54TH STREET	Add
		OCALA, FLORIDA 34480	□ Remove
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Dated_	NOVEMBER 04	2015			
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	Signa	ture of a member of authorized	representative of a member		
	3.g.,		-j>		
		NATALIA CI			

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