# L16000010116

(Red	questor's Name)	
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#### **COVER LETTER**

то:	Registration Sectorial Division of Corporate C		•	
SUBJI	ect: Craw		ted Liability Company	<del></del>
The en	closed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Robert R	e High	
		Crave It	Firm/Company	<u></u>
		4134 Plant	alday Cove Dr	
		001, 21	328 \ O City/State and Zip Code	<del></del>
		Craveitlove E-mail address: (1	1 + @ amat \ Com to be used for filture annual report notific	cation)
For fu	ther information con	ncerning this matter, please ca	all:	
R	Name of I	Person	at (46.7) 558 Area Code Daytime	9550 Telephone Number
Enclos	ed is a check for the	following amount:		
<b>15</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

(Name of the Limited Liability Comp	any as it now annears on (	ur records )
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	ar records.
The Articles of Organization for this Limited Liability Company	y were filed on	14-16 and assigned
Florida document number L16000 10116.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(**)
(Principal office address MUST BE A STREET ADDRESS)		16 OC T
		Sign of T
TO 4 13 16 31 13		LED 20 PH 4: 35 0F CUR 08: A1154
Enter new mailing address, if applicable:		THE PROPERTY OF THE PROPERTY O
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	Ξ ω
		<u>ු                                    </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
	- Cita	, Florida Zip Code
	City	гір Соае

#### 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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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier by The 90th day after the record is filed.	<del>.,,</del>			<del>, ', , , , , , , , , , , , , , , , , , </del>
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O 22 11	on the earlier of:	e, but not an effective time, at 12:01 a.m.		
Dated 7-25-16		·	-23-16,	Dated 9-
Signature of a member or authorized representative of a member			1	

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Filing Fee: \$25.00