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COVER LETTER

SUBJECT: CUBAN CRAFTED L. L. C.	
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:	
MANUEL SUPERVIELLE Name of Person	
CUBAN CRAFTED LLC	
Firm/Company	
1800 NE 114th St Suite I 3	TALE SE
in the second control of the second control	
	ALLANASSEE, FLORIUS
City/State and Zip Code Manuel Supervielle @ g mail. (OM) E-mail address: (to be used for future annual report notification)	<u>+</u>
E-mail address: (to be used for future annual report notification)	Sale Care
For further information concerning this matter, please call:	إيز
Manuel Supervielle at (305) 215-8002 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{Soon Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$\$ \$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 ARTICLES OF ORGANIZATION OF

CUBAN CRAF		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1600155750</u>	vere filed on Aug 19, 2016	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		16 C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	CT-3 PHI
Maning dualess MAT BE ATOST OFFICE BOA		5 2
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street address	
	, 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:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** MANUEL Supervielle 1800 NE 114 mst Suite I XAdd
Migmi FL 33181 MGR ☐ Remove □ Change _□ Add ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change

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Filing Fee: \$25.00