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SLORE WARY OF STATE ALLAHASSEE, FLORIDA

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D. BRUCE DEC 20 2016

COVER LETTER

TO: Registration Se Division of Cor			
THE CRAZ	ZY LLAMA, LLC		
30bac1	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
	OSCAR BRUSH		
		Name of Person	
		Firm/Company	
	320 LAKE ARBOR DRIV	/E	
		Address	
	PALM SPRINGS,FL 3346		2016 TALL
	obmp@live.com	City/State and Zip Code	2016 DEC 19 P SECRETARY OF ALLAHASSEE, F
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	m or a lead
OSCAR BRUSH		561 628-3059 at ()	I: 20 TAIL ORID
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

THE CRAZY LLAMA LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on 11/01/2016 and assigned
Florida document number L16000201423	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2018 SE ALL
·	AR R T
	<u>}</u>
	SS -
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	ORDER 2
	>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.	office address on our records, <u>enter the name of the</u> re:
Name of New Registered Agent:	
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KATHRYN QUINN PATON	320 LAKE ARBOR DRIVE	■ Add
		PALM SPRINGS,FL 33461	□ Remove
			☐ Change
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Signature of a member or authorized representative of a member			y 2.	D 663	
		uve of a member	nber or authorized r	Signature of a	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00