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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: AMERICAN CRAFTERS, LLC 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:
BRYAN KNUTH Name of Person
Name of Person AIMERICAN CRAFTERS, LLC Firm/Company
,
1255 BELLE AVE UNIT 142 Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
BRYAN KNUTH at (401) 353-9638 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN	
(Name of the Limite	d Linbillty Company as it now appears on our records.) A Florida Limited Liability Company)
	ability Company were filed on $01/06/2017$ and assigned 5193
	·
A. If amending name, enter the new name of	the limited liability company nere:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	المام،
(Principal office address MUST BE A STREET	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	IN ED
B. If amending the registered agent and/or reagent and/or the new registered office address	
Name of New Registered Agent:	BRYAN KNUTH
New Registered Office Address:	1255 BELLE AVE UNIT 142 Enter Florida street address
	WINTER SPRINGS, Florida 32708 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.

By - Futto
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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>mGR</u>	BRYAN KNUTH	1255 BFLLE AVE UNIT	142 MAdd
		WINTER SPRINGS, FL	
MGR	RANDALL TRENT	1255 BELLF AVE UNIT	
		WINTER SPRINGS, FL 3	2708 (Dremove)
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			□Add
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ffectiv	e date, if other tha	n the date of fili	hø:		(option	nal)
an effec	ctive date is listed, the da	ate must be specific a	ind cannot be prior t	o date of filing or mor	re than 90 days after fi	ling.) Pursuant to 605.02
ocume	nt's effective date on	the Department of	i meet ine appiica [State's records.	ble statutory fiting	requirements, this o	late will not be listed a
	specifies a delayed ef	Tective date, but no	ot an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th
record	J.					
record is file						
is file	Feb 27		. 2020	·		
is file	Feb 27	K'. AA	. 2020	<u>.</u>		
l is file	Byan Brynn	Kuth Signature of a	2020	ized representative o	f a member	

Filing Fee: \$25.00