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## **COVER LETTER**

	egiștration Section ivision of Corporations
SUBJECT	: Crafty woodworks LLC  Name of Limited Liability Company
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Kinga Luczak
	Name of Person
	Crafty wood works LLC
	15310 Ballast Point Dr. Apt # 3203
	Address
	Ft. Myers, FL, 33908 City/State and Zip Code
	E-mail address (to be used for future annual report notification)
For further	information concerning this matter, please call:
<u>Kin</u>	94 Luczak at (239) 580 - 827 5 Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$25.00	Certificate of Status Certified Copy Certificate of Status &
t Che	raddinonal copy is enclosed)  Certified Copy  Taddinonal copy is enclosed)  ECK for \$35 was mailed 'n
WITH	eck for \$35 was mailed in the last form, please refund extra \$10 to
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, Fl. 32301
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Confty

Woodworks

	T + 1 191. (A)
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liah Florida document number <u>L170000</u>	oility Company were filed on <u>Q1612017</u> and assigned <u>28508</u>
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2x)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> ce address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Conte

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

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Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
) - Owner	Tomasz Luczak	15310 Ballast Bir Drive, Apt # 3203 Ft. Myerg 33908	<u>nt</u> o Add
	Locial	Drive, Api # 3203	Remove
		Ft. Myerg 33908	Change
			Add
			☐ Remove
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	Page 2 o		Change
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D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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elf an eff <u>Note:</u>	ive date, if other than the date of filing:  (optional)  ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ent's effective date on the Department of State's records.	0207 (3 kb) ed as the	
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:	
Dated	10-16-18		
	Signature of a member or parthorized representative of a member		
	Signature of a member of prithorized tepresentative of a member	18 0CT 18 181 19:47	****
	Page 1 of 1	700	
	Page 3 of 3 Filing Fee: \$25.00	<b>3</b>	FILED
		7. Take 17.	