## L17000037774

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## **COVER LETTER**

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TECU II			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	DAVID STRONG		
		Name of Person	<del></del>
	QUALITY FINANCIAL S	SERVICES INC	
	<del></del>	Firm/Company	<del></del>
	209 DUNLAWTON AVE	SUITE 14	
		Address	
	PORT ORANGE FL 3212	7	
	DAVID.QFSINC@GMAIL	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further informatio	n concerning this matter, please ca	all:	
DAVID STRONG		386 761-7855	
Nan	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
\$25.00 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

TECU INC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	
(**************************************	, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liability Company	were filed on 02/16/2017	and assigned
Florida document number L17000037774		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility comnany here:	
CRAFTING WITH PURPOSE LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Trincipal Office address (1901 DE 11 STILLES TIED IN 1905)		
Parameter Warren Harris Warren Parkland		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · ·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	·	er the name of the new
registered agent and/or the new registered office address fiere	±•	
Name of New Registered Agent:	<del></del>	<del>屋</del> 用
New Registered Office Address:		
	Enter Florida street address	Mill on Im
	Florida _	至 〇
	City	Tr. Code
New Registered Agent's Signature, if changing Registered Agent:		第二

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	MELISSA JOYNER	8104 178TH PL NE	
		ARLINGTON. WA 98223	■ Remove
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			□ Add
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			☐ Change
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ective date, if other th	an the date of filing:		(o	ptional)
n effective date is listed, the	date must be specific and cannot	ot be prior to date of fi		fler filing.) Pursuant to 605.020
	i this block does not meet in the Department of State's		ory ming requirements,	this date will not be listed a
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The 90th day after th		but not an ene	ctive time, at 12.0	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00