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(Requ	estor's Name)	
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C. GOLDEN AUG 1 0 2019

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	CRAFT VINYL Name of Limi	CCC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KyLE C.	MTINELLA Name of Person	
	1 CRAFT	VINYL LLC Firm/Company	
	1170 N FEDE	ERAL HWY APT 1	1//
	FORT LAUDER	City/State and Zip Code	
	KYLECATINEC E-mail address: (1	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		
KYLE CATING Name o	ELLA f Person	at (<u>54 - 3</u> Area Code Daytime	482 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

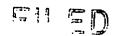
MAILING ADDRESS:

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



1 CRAFT VINYL LL	۷	2019 AUG -5 AM 8: 3
(Name of the Limited Liabi (A Flori	C lity Company as it now appears on our record da Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on	2017 and assigned
Florida document number <u>L17000 130642</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		11 to 1 t
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	<u> </u>
	, Flo	o rida

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 a 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	BRAD RIVERA	1170 N FEDERAL HWY STE 1111	
		FURT LAUDERDALE, FL 33304	Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
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			Remove
			Change

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	ive date, if other than the date of filing: (optional)
	fective 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 605.0207 (3)(1)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	nent's effective date on the Department of State's records.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	e 90th day after the record is filed.
(0)	. Sour day diter the record is med.
Dated	··································
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	highalure of a member or authorized representative of a member
	regnature of a member or authorized representative of a member
	PRIAN PLUTA
	READ RIVERA Typed or printed name of signee
	r spea or printed name or signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00