117000 137 339

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/Otate/Zip/1 Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opecial instructions to rilling Officer.

Office Use Only



500324616055

02/21/19--01027--022 **52.50

2019 MAR ILL A IN 17 PSECRITIARY OF STAIS FALLAHASSEE, FLORIDA

2019 HAR | U A | F 4

MAR 2 0 2819 T. LEMIEUX

COVER LETTER

TO: Registration S Division of Co					
	CRAFTED D	PAFTI LLC pership or Limited Liability	Limited Partnership		
The enclosed Certificate of Amendment and fee(s) are submitted for filing.					
Please return all corre	espondence concerning	g this matter to:			
PUTHIE	EDWARDS				
	Contact Person				
THE CRA	FTED DRAFT, LI	LC			
	Firm/Company				
11867 3	4+n ST N				
	Address				
	ST PETERSBURG, FL 33716				
	ity, State and Zip Code				
RUTHIE @ FERMENTAHOLICS. COM					
E-mail address: (to)	be used for future annual re	eport notification)			
For further information	on concerning this mat	ter, please call:			
PUTHLE EDWA		_at (727)2.			
Name of Contac	t Person	Area Code and Dayti	ime Telephone Number		
Enclosed is a check for	or the following amou	nt:			
\$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS	S:	MAILING A	ADDRESS:		
Registration Section		Registration Section Division of Corporations			
Division of Corporati Clifton Building	ons	P. O. Box 633			
2661 Executive Cente		Tallahassee, I	- '		
Tallahassee, FL 3230)1				



February 26, 2019

RUTHIE EDWARDS 11867 34 ST N ST PETERSBURG, FL 33716

SUBJECT: THE CRAFTED DRAFT, LLC

Ref. Number: L17000137339

We have received your document for THE CRAFTED DRAFT, LLC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You need to be filing the Article of Amendment To Aeticles of Organization.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 419A00004056

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

THE CRAPTED T	DRAFT, LLC	2019 MAR L	A IF #7
(Name of the Limited Liabil (A Florid	ity Company as it now appear la Limited Liability Company)		F_STATE
The Articles of Organization for this Limited Liability (Company were filed on	- MULAHASSEE	FLORIDA and assigned
Florida document number <u>L1700013733</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	ere:	
The new name must be distinguishable and contain the words "Lir	San I Sakiffa Commany Naha A	asignation "I I C" as the	abhaniation # 1 C "
The new name must be distinguishable and contain the words. Life	nned Liabiniy Company, the d	esignation fact of the	aboreviation E.E.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi		our records, ente	r the name of the new
registered agent and/or the new registered office add	dress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida 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>	<u>Address</u>	Type of Action
MGR	FERMENTAHOLICS, LLC	11863 34th ST N	ed Add
		St Petersburg, FL 33716	Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			🗅 Add
			Remove
			Change
		 	Add
			□ Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
-	
_	
_	
_	
-	
_	
_	
lf an eff Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th`day after the record is filed.
Dated	MARCH 12 . 2019
	Signature of a member or authorized representative of a member PUTHIE EDWARDS Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00