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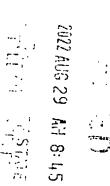
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A. BUTLER DEC - 3 2022

## **COVER LETTER**

SIDONIA SUBJECT:	PARKWAY LLC		
,	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Json Crown		
		Name of Person	
	SIDONIA PARKWAY LI	LC	
		Firm/Company	
	7301-A W PALMETTO P	PARK RD STE 100A	
		Address	
	BOCA RATON, FL 33433	3	
		City/State and Zip Code	·· <del>-</del>
	crownluvstudios@gmail.co	m to be used for future annual report notifica	otion)
For further information of	oncerning this matter, please c	•	
Json Crown		754 266-0042 at ( )	
Name o	f Person		elephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Section	on 

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

**Registration Section Division of Corporations** 

> **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022 AUG 29 AH 8: 45

Sidonia Parkway LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L17000140045		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CrownLuv Auto LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registe
e de la constant de l		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florid	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	Esp Code

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
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			□Remove
		<del></del>	
			□Add
			□Change
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			Remove
			Change
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effective date is listed, the date must be specific a	and cannot be prior to	date of filing o	or more than 90	days after fi	iling.) Pursuar	nt to 605.0207
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Signature of	a member or authoriz		tive of a memb	жег		<del></del>
Json Crown						