

L17 000190180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

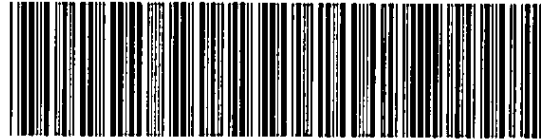
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200374779062

10/13/21--01008--019 \*\*25.00

FILED

2021 OCT 13 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FL

CS  
10/22/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AERIE LANE HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERIE RABERN

Name of Person

Firm/Company

21478 BELLA TERA BLVD

Address

ESTERO, FL 33928

City/State and Zip Code

31cherie@gmail.com

E-mail address: (to be used for future annual report notification)

FILED  
2021 OCT 13 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

MICHAEL FREDERICK

305 242-1455  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Address:**

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

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

AERIE LANE HOLDINGS, 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 09/07/2017 and assigned  
Florida document number L17000190180.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

THE CRAFTY BRUSH HOLDINGS, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2021 OCT 13 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

FREDERICK, MICHAEL L. CPA

New Registered Office Address:

75 NE 15TH STREET

*Enter Florida street address*

HOMESTEAD

*City*

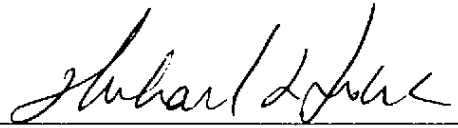
Florida

33030

*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>        | <u>Type of Action</u>                      |
|--------------|---------------|-----------------------|--|
| MGR          | CHERIE RABERN | 21478 BELLA TERA BLVD | <input type="checkbox"/> Add               |
|              |               | ESTERO, FL 333928     | <input type="checkbox"/> Remove            |
|              |               |                       | <input checked="" type="checkbox"/> Change |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |
|              |               |                       | <input type="checkbox"/> Add               |
|              |               |                       | <input type="checkbox"/> Remove            |
|              |               |                       | <input type="checkbox"/> Change            |

FILED  
2021 OCT 13 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL  
OCT 13 PM 3:19

FILED  
2021 OCT 13 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Oct 8 2021  
Cheryl Alvarez  
\_\_\_\_\_  
Secretary of the members authorized to represent the members

Signature of a member or authorized representative of a member

Cherie Zabern  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**