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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Co	rporations		
VISUAL	CRAFTSMAN, LLC.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jason Ottinger		
		Name of Person	
	Visual Craftsman, LLC		
		Firm/Company	
	1303 Fountain Drive		
		Address	
	Panama City, Florida 3240)1	
		City/State and Zip Code	
	visualcraftsman@gmail.co E-mail address:	m to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	·
Jason Ottinger		404 643-6146 at ()	
Name	of Person		: Telephone Number
Enclosed is a check for t	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)
Malling Addre Registration		Street Address; Registration Sec	ition
Division of O P.O. Box 632		Division of Corp The Centre of T	

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ding name, enter the new name of the limited liability company here: LE CRAFTSMAN, LLC must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." principal offices address, if applicable: ### 1303 Fountain Dr Panama City, Florida 32401 ### 1303 Fountain Dr Panama City, Florida 32401			
	. Florida			
New Registered Office Address:	New Registered Office Address: Enter Florida street address			
	····			
Name of New Registered Agent:				
agent and of the new registered write address here.				
	address on our records, enter the n	ame of the new registered		
		D. C		
· · · · · · · · · · · · · · · · · · ·		Ŧ.		
(Mailing address MAY BE A POST OFFICE BOX)	Panama City, Florida 32401	7		
Enter new mailing address, if applicable:	1303 Fountain Dr			
		72 2		
Marie Commission and Commission of the Commissio		78 17		
(Principal office address MUST BE A STREET ADDRESS)	Panama City, Florida 32401	202		
Enter new principal offices address, if applicable:	1303 Fountain Dr			
	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
PANHANDLE CRAFTSMAN, LLC				
A. If amending name, enter the new name of the limited liab	ility company here:			
This amendment is submitted to amend the following:				
Florida document number L17000194943				
The Articles of Organization for this Limited Liability Company	were filed on 09/20/2017	and assigned		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	<u></u>		
VISUAL CRAFTSMAN, LLC				

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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
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Note: 1	ve date, if other than ctive date is listed, the dat if the date inserted in the ent's effective date on t	nis block does no	ot meet the applic	able statutory filir	(opt nore than 90 days after ag requirements, th	ional) er filing.) Pursuant to is date will not be l	605.0207 (3 listed as th
the reco	ord specifies a del 90th day after the	ayed effective record is file	e date, but no d.	t an effective	time, at 12:01	a.m. on the ea	rlier of:
Dated _	April 22		2020				
	OEVI			-			
	Jan	Signature of	a member or autho	orized representative	of a member	 	

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Filing Fee: \$25.00