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COVER LETTER

Division of Cor	porations	••	
SUBJECT: <u>Fran</u>	1 CRUM	·	
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Taira	Torres Sele Name of Person	
		Name of Person	
	Jack Toute	James Alexan	4
	Jane Plaps	Insurance Agrico	7
	_ ,	1 1	
	10 E. Moni	enent Ane	
		Address	
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		City/State and Zip Code	
	7 aira Wack	City/State and Zip Code Luls army com to be used for Huture admual report noti	
			neation)
For further information co	oncerning this matter, please co	all:	
Zasin Torne		(10 T) \ 2007 0 - S	C534
Name of	Person	at (<u>407</u>) <u>4070 - S</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Fifing 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

TO:

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 ARTICLES OF ORGANIZATION

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ART	TCLES OF TO	AMENDMEN O	NT	Pa, 200
ARTI		RGANIZAT	ION 🥎	3000 / 10
PIZZICATO AR	RT MADE BY HA	ND FOR YOUR HO	ME L.L.C	· Pr
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears liability Company)	on our records.)	
The Articles of Organization for this Limited Lia	4196.	were filed on	10/03/2017	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of		•	_	
Pizzica to And Culsing The new name must be distinguishable and contain the wo	utry LL ords "Linkted Liabil	ity Company," the des	signation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applica	ble:	1198 G	runskup Da	<u>.</u> -
(Principal office address MUST BE A STREET	(ADDRESS)	Luti	ß '	<u>+/</u>
		1455m	nue F1 3470	<u>{</u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>ROX)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:	ice address here	g:		
Yew Registered Office Address:	1198	Grunsky	o m. Sute B	
	Kissmu	Enter Floria	la street address, Florida	m in 11

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Samanthe Hernquela	1198 Greenskup On Secte B	🗗 Add
		1USSmue 7/ 34741	□ Remove
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Iffective date, if other than the date of filing:								
State: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the specifies at the record is filed.								
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Filing Fee: \$25.00