L17000207431

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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COVER LETTER

TO:

Registration Section

Div	ision of Corp	orations				
	CRAFT AU	TO SPA, LĻC	•			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	idence concerning this matter	to the following:			
		RONALD L. GRAHAM				
			Name of Person			
		RONALD L. GRAHAM & COMPANY, P. A.				
	Firm/Company					
		P. O. POX 1726				
			Address			
		SANIBEL. FL 33957-172	6			
			City/State and Zip Code			
		rgraham1@aol.com				
			to be used for future annual report not	incation)		
For further i	nformation co	oncerning this matter, please ca	all:			
RONALD I	GRAHAM		239 472-7001 at ()			
	Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is	a check for the	e following amount:				
\$25.00	Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Re Di P.0	iling Address gistration S vision of Co D. Box 632 Ilahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRAFT AUTO SPA, LLC

731AT 17 ALID: 42	
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(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 10/06/2017 and assigned Florida document number L17000207431 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_____, Florida ___

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 223 April 7 711	们: 4 2 Type of Action	
MGR	JONATHAN JONES	11850 DR MLK JR STRÉET N ☐ Add		
		# 2108		
		SAINT PETERSBURG, FL 33716	□Change	
			🗀 Add	
			□Remove	
			□Change	
			🗀 Add	
			Remove	
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			□Add	
			Remove	
			□Change	

Typed or printed name of signee