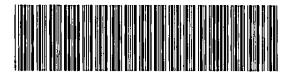
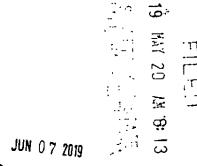
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Office Use Only



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05/20/19--01027--011 **60.00



S. YOUNG

COVER LETTER

	Registration Se Division of Cor		í				
CHD IEA	CRU CUPS						
SUBJEC	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		KEVIN LANG					
		CRU CUPS LLC	Name of Person				
	Firm/Company 1748 INDEPENDENCE BLVD STE G2						
		SARASOTA FL, 34234	Address				
		City/State and Zip Code kevin@crucups.com					
			to be used for future annual report notific	ration)			
For furth	er information co	oncerning this matter, please ca	all:				
KEVIN	LANG		515 868-9442				
	Name o	f Person	at ()	Telephone Number			
Enclosed	I is a check for th	ne following amount:					
□ \$25.i	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRU CUPS LLC		
(<u>Name of the Limited Liability</u> (A Florida)	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on OCTOBER 20 2017	and assigned
lorida document number L17000217689	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u> </u>	
		20
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· ; φ
 If amending the registered agent and/or registe egistered agent and/or the new registered office address 		ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	·····	.=
	Enter Florida street address	
·	, Florida	
	City	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>	Type of Action
OWNER	CLIFFORD LEE BURLESON	4627 SUMMER OAK AVE E SARASOTA FL, 34243	
			■ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

	IN THE SOLE OWNER OF CRU CUPS LLC
CRU CUPS LLC WILL BECO	OME A SINGLE MEMBER LLC
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
ective date, if other than the	date of filing: (optional)
effective date is listed, the date must	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
te: If the date inserted in this blo	ock does not meet the applicable statutory filing requirements, this date will not be listed
nument's effective date on the De	partment of State's records.
record specifies a delayed	effective date, but not an effective time, at 12:01 a.m. on the earlie
he 90th day after the reco	ora is mea.
MAVS	2019
ed MAY 5	,
	316
	$\supset / V \omega_{\alpha} /$

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00