411000217689

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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	
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Amend

FEB 1 3 2020 I ALBRITTON

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	CRU CUPS	SLLC	•	
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		KEVIN LANG		
			Name of Person	
		CRU CUPS LLC		
			Firm/Company	· ·
		1748 INDEPENDENCE B	LVD STE G3	
		Address SARASOTA, FL 34234		
			City/State and Zip Code	
		kevin@crucups.com	to be used for future annual report notific	ention
Eas forth	or information c	concerning this matter, please co	•	.aumi
		oncerning this matter, prease co		
Kevin L			515 868-9442 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	he 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 5	<u>ss:</u> Section	Street Address: Registration Sect	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records	5.)
(A Fiorida Litilited	Clabinty Company)	
The Articles of Organization for this Limited Liability Companished document number L17000217689	y were filed on 10/20/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		THOUGHTS.
Enter new mailing address, if applicable:		2.7
Mailing address MAY BE A POST OFFICE BOX)		2 2 C
8. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	ru -	مسلم
	, F10	orida Zip Code

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

CRITICHPS LLC

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

	9	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CANDY LANG	2810 TELLURIDE LOOP APT 208	□Add
		SARASOTA, FL 34243	■Remove
			[] Change
			□Add
			□Remove
			Change
			Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

_	lease remove Candy Lang, she will no longer be an owner nor a MGRM of CRU CUPS LLC.
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ffecti	ve date, if other than the date of filing: (optional)
	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
rnaar	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ICCOL	
l is fil	January 15th 2020
l is fil	January 15th 2020
l is fil	January 15th 2020
l is fil	Z-/m/
l is fil	Signature of a member or authorized representative of a member

Filing Fee: \$25.00