

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MR CROC LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MERIC GURANI SAY
Name of Person
MR CROC LLC
Firm/Company
1345 NE 105TH STREET APT #4
Address
MIAMI SHORES FL 33138
City/State and Zip Code
MERICGURANI@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MERIC GURANI SAY at (561) 465 6035
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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) |
|--|--|--|--|

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

FILED
2017 NOV -8 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR CROC LLC.

(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 10/31/2017 and assigned
Florida document number L17000225453.

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

_____, 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>	<u>Type of Action</u>
AMBR	FAT CATS INC.	1345 NE 105TH STREET	☐ Add
		APT #4	☒ Remove
		MIAMI SHORES, FL, US, 33138	☐ Change
AMBR	FAT CATS EXCLUSIVES INC.	1345 NE 105TH STREET	☒ Add
		APT #4	☐ Remove
		MIAMI SHORES, FL, US, 33138	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
2018 NOV 28 PM 3:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2011 NOV 4
SECRETARY OF STATE
TREASURY
FEDERAL RESERVE

FILED
2011 NOV - 8 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/06/2017

Signature of a member or authorized representative of a member

MERIC GURANI SAY
Typed or printed name of signee