<u>U800003351</u>

(Re	equestor's Name)	
(Ac	ddress)	
(AC	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	1
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T. LEWIEUX

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	ECT:	CRAFTED SPIR	ITS LLC	
		CRAFTED SPIR	ited Liability Company	
The en	closed Articles of /	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
			SEPH PENNIS! Name of Person	
		Cre	AFTED SPIRITS Firm/Company	
		3.	311 DIAMOND KEY	ČT.
		P	Address UNTA GORDA F City/State and Zip Code	FL 33955
		E-mail address: (t	nnisi 27@6 mail.	Com fication)
For fur	ther information co	ncerning this matter, please ca	ill:	
- ·	JUSEPH Name of	Person Person	at (631) 960 Area Code Daytime	- 2673 c Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$ 2:	5.00 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

	the transfer of the second sec
(Name of the Limited Liability Company (A Florida Limited Lia	PIRITS LLC
(Name of the Limited Liability Company	as it 100 Cappears of our records.
The Articles of Organization for this Limited Liability Company w	vere filed on 01/04/2018 and assigned
Florida document number <u>L 1800000 3351</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here: NA-
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: N/A	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: N/A	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off	ice 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:	JUSEPH PENNISI
New Registered Office Address:	3311 DIAMOND KEY CT. Enter Florida street address
•	
$\underline{\hspace{1cm}}$	UNTA GORDA, Florida 33955 Zip Code
	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

MGR = N	from our records: NA		
\МВК = A <u>Fitle</u>	Authorized Member Name	<u>Address</u>	Type of Action
			Add
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Remove

_ Change

4111611	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	N/A
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in effe o <mark>te:</mark> l	re date, if other than the date of filing:	suant to 605.020
cume	nt's effective date on the Department of State's records.	
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier (
ited _	JAMARY 28, 2018	
	Signature of a member or authorized representative of a member	
	JOSEPH PENNISI Typed or printed name of signee	

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Filing Fee: \$25.00