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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CRACKERJACK II 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:
EDWARD D ROSE  Name of Person
Firm/Company  4345 CAROL-WOOD DR  Address
MELBOURNE FL 32934  City/State and Zip Code  vose 96 @ Live.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Rose  at (321)  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status &

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

CRACKER  (Name of the Limited (A	=	TT y ay it now app	, LL	records.)			
The Articles of Organization for this Limited Liab Florida document number <u>L180 000 138</u>	oility Company w		r i.	2018	:	and ass	igned
This amendment is submitted to amend the follow	ring:						
A. If amending name, enter the new name of the	he limited liabil	ity company	here:				
The new name must be distinguishable and contain the work	ds "Limited Liabilit	y Company," tl	ne designation	n "LLC" or the	åbbrevia	แ <b>ช้วร</b> ์ "L.	L.C."
Enter new principal offices address, if applicab	ole:		<del></del> .		<u></u>	JU!	• 1
(Principal office address MUST BE A STREET	ADDRESS)				<u> </u>	1 <u>C*</u>	1
Enter new mailing address, if applicable:		-			(n) (n) (n) (n)	24 th 19	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered office			on our re	ecords, <u>ente</u>	er the	name	of the ne
Name of New Registered Agent:	<u>EDW</u>	<u>ARD</u>	D	ROSE			<u>.</u>
New Registered Office Address:	4345		₩∞ <u>D</u> Florida street				
	MELBO	City	<del></del>	, Florida <sub>-</sub>	Zi <sub>l</sub>	3293 p Code	34_

## 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. Thereby 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>	Address	Type of Action
AMBR	DWARD D ROSE E	4345 CAROLWOOD DR	
		4345 CARDLWOOD DR MELBOURNE FL 32934	Remove
			Change
<u>MGR</u>	EDWARD D ROSE	4345 Carolwood DR	
		MELBOURNE FL 32934	□ Remove
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an effective of the	te, if other late is listed, the date inserted ffective date	he date mus I in this blo	t be specitic a ock does not	nd cannot meet the	be prior to applicab		ling or mo	re than 90		iling.) Pursu		
	specifies a day after				out not	an effe	ctive tir	me, at	12:01 a	.m. on th	ne earl	ier o
	June	7		. 2	018							
Dated		_										

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00