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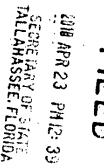
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COVER LETTER

SCREWUI	PLLC		
SUBJECT:	Name of Lim	ited Liability Company	
the enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Matthew Fowler		
		Name of Person	
	SCREWUP LLC		
		Firm/Company	
	7251 NW 6th Street		
		Address	
	Plantation, FL 33317		
		City/State and Zip Code	
	screwups2018@gmail.com	to be used for future annual report notific	
For further information c	concerning this matter, please ca	-	aton)
Matthew Fowler	71	954 980-1114	
Name o	of Person	at () Area Code Daytime	Felephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S\$\\$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

A. If amending name, enter the new name of the limited liability company here: GCREWUPS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	SCREWUP LLC		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CCREWUPS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	A Marie Communication of the C
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	New Registered Office Address.	Enter Florida street address	S B n

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.

City

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** □ Add _□ Remove _□ Change _□ Remove _□ Change _ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00