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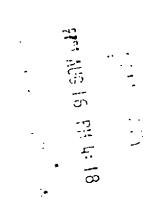
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

I.D.WOOI SUBJECT:	OCRAFTS LLC				
30001.CT	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Valentina Kehayova				
		Name of Person			
	I.D.Wooderafts LLC				
		Firm/Company			
	212 Carolyn Ave				
		Address	· 		
	Panama City Beach,FL, 32	2407			
		City/State and Zip Code			
	vkehayova@gmail.com				
	E-mail address: (to be used for future annual report notification)			
For further information (concerning this matter, please c	all:			
Valentina Kehayova		850 9602374 at ()			
Name of Person		Area Code Daytime Telepho	one Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration		Street Address: Registration Section			
Division of Corporations		Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I.D.Woodcrafts 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 $\frac{04/02/2018}{1}$ and assigned Florida document number L18000083630 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 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 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>	Address	Type of Action
MGR	Pavel Zhelev Pavlov	222 Coquina Shell Way	□Add
		Panama City Beach, FL, 32407	= Remove
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Iliya Kehayov 50%					
Valentina Kehayova 50%					
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ctive date, if other than the date of effective date is listed, the date must be spec	itic and cannot be prior	to date of filing or n	ore than 90 days afte	onal) r filing.) Purs	suant to 605
If the date inserted in this block does ment's effective date on the Departme			ig requirements, thi	s date will	not be list
ord specifies a delayed effective date, b filed.	out not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90t	th day afte
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	2021	_			
d August 12		<u> </u>			
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Filing Fee: \$25.00