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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Crowd DFram, CC. 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:
Alejandra Aviles
Ground Up Framing, LLC.
5905 Timberwood Dr. Address
Lakeland FL 33811 City/State and Zip Code
Grown J. B. G.
For further information concerning this matter, please call:
Alejandro Aviles at (863) 397-15982 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$Certificate of Status & \$\Bi

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

Ground Up	Framiac, LLC.	
(Name of the Limited Li (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L 18000 7143</u>	ity Company were filed on 7 15 8 and assigned 80.	
This amendment is submitted to amend the followin	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
The arrangement had below inhaled and contain the country	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
The new name must be distinguishable and contain the words	Limited Liability Company. The designation CCC or the abbreviation (L.C.)	
Enter new principal offices address, if applicable	: <u>D</u>	
(Principal office address MUST BE A STREET Al	DDRESS)	
		7.
	3 CORRECTION OF THE PROPERTY O	: r;
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX	Q = = = = = = = = = = = = = = = = = = =	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the naddress here</u> :	ew
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.

It 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
5.	Scoticico Aviles	5905 TimberWood	Or. Madd
	(Lakeland, FL 33811	
	,		Change
WGR	Derantes Aviles	5905 Timbermend C	Add
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iffective date, if other the an effective date is listed, the office. If the date inserted in locument's effective date of	date must be specific and this block does not n	I cannot be prior to neet the applicab			ling.) Pursuant to 605.020
e record specifies a do The 90th day after th			an effective tin	ne, at 12:01 a.r	n. on the earlier ϵ
てし、	27	2018	_ •		
Dated JUNG					
Dated 50 y 6	On Many A Signature of a 1	nember or authori	zed representative of	a member	

Page 3 of 3

Filing Fee: \$25.00