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## **COVER LETTER**

TO:	Registration Se Division of Cor			
eno ie		COLLECTIVE LLC.		
SUBJE	CI:	ted Liability Company		
		Amendment and fee(s) are submodence concerning this matter		
		YADITH GOMEZ		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
		SINCELEJO SECRETAR	IAL SERVICES INC.	
			Firm/Company	<del></del>
		15231 SW 80TH STREET	APT 208	
			Address	<del></del>
		MIAMI, FLORIDA 33193		
		YADELRO@GMAIL.COM	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
SINCE	ELEJO SECRETA	ARIAL SERVICES INC.	786 2507708	
	Name c	of Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>■</b> \$25	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

CRAVING COLLECTIVE LLC.		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears or Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/15/	2018 and assigned
Florida document number L18000267114	<b></b> '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent and/or the new registered office additional agent.	tered office address on o ress here:	ur records, <u>enter the name of the r</u>
Name of New Registered Agent:		
New Registered Office Address:	Entre Elizabe	street address
	Emer runua	Mreet address
	(".	, Florida Zip Code
	City	z.ф с оае

## 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>	<u>Address</u>	Type of Action
AMBR	MARIA CAMILA RENGIFO RIVERA	1010 BRICKELL AVE # 2304	
		MIAMI, FL 33131	
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Signature of a member or authorized representative of a member	(	$\mathcal{L}'$			
	Signature of a me	mber or authorized	representative of a men	ıber	

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Filing Fee: \$25.00