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COVER LETTER

TO: Registration Section Division of Corporati	ons			
SUBJECT: <u>CRAZY</u>	DAVESCUS Name of Limi	TOMS - LLC ted Liability Company		······································
The enclosed Articles of Amend				
Please return all correspondence	concerning this matter t	o the following:		
	David	P. LESIIC Name of Person		
	Crazy	Dave's Co	istoms	
	32 65 N	Cayl & Re	ose Hwy	/
	Hernand	O, F 3444 City/State and Zip Code	12_	
	E-mail address: (to	Jes Customs (Cobe used for future annual re	DOMALI port notification)	<u>.com</u>
For further information concernit				
DAULD R Name of Person	eslie	at (352) 4	Daytime Telepho	ne Number
	ving amount: 0.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is eaclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy
		(meaning only in effets)	/	(additional copy is enclosed)

MAILING ADDRESS:

TO:

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**

CRAZY DAVES CUSTOMS, LLC

(A Florida	a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 02/25/2019 and assigned
Florida document number <u>L1900055162</u>	·
This amendment is submitted to amend the following:	mending name, enter the new name of the limited liability company here: Crazy Dave's Customs. Luc name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) Hermando, Fl 34442 hew mailing address, if applicable: 1255 3245 N. Carl & Rose Hung Hermando, Fl 34442 Hermando, Fl 34442 Hermando, Fl 344625 amending the registered agent and/or registered office address on our records, enter the new registered office address here: Name of New Registered Agent: Name of New Registered Agent:
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESSI Hernando, Fl 34442
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Hernando, FI 34夏望 2暑 丁
	stered office address on our records, enter the name the new
Name of New Registered Agent:	David R. Leslie
New Registered Office Address: 32	_55 37.65 N. COXI G ROSE HWY Enter Florida street address
H	ernando "Florida 34447 City Zip Code
New Registered Agent's Signature, if changing Registere	d 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

Page 1 of 3

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
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Signature of a member or authorized representative of a member	The 90th da	7 pril	<u> </u>	0 201	+· ,					
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Filing Fee: \$25.00