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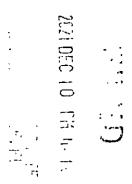
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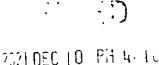
COVER LETTER

то:	Registration Se Division of Cor			
CUBIE		SIGNS LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		ROBALO, CHRISTIAN A	A	
			Name of Person	
		CROW DESIGNS LLC		
		 	Firm/Company	
		1765 Business Center Lan	e	
			Address	-
		Kissimmee, FL 34758		
			City/State and Zip Code	
		erow22_1@hotmail.com	to be used for future annual report notifi	(valina)
For furt	her information co	oncerning this matter, please ca		Carren)
ROBA	LO, CHRISTIAN	Α	321 402-8696 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	S30.00 Filing Fec & 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 S		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	10th DTC 10 111 4 10
CROW DESIGNS LLC	TAIE
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000105112</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	uility company here:
The new name must be distinguishable and contain the words "Limited Liabi	htty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(000 VENETIAN DAY DE
(Principal office address MUST BE A STREET ADDRESS)	4009 VENETIAN BAY DR.
	APT 106, KISSIMMEE FL 34741
Enter new mailing address, if applicable:	1765 BUSINESS CENTER LN
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE, FL 34758
D. I.C	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regist</u>
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.

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

Title	<u>Name</u>	Address	Type of Action
MGR	ROBALO, MARIANO A	1307 Santa Rosa Dr, Apt 202	□Add
		kissimmee, FL 34741	≅Remove
			□Change
			
			□Remove
			☐ Change
			□Add
			□ Rепюче
			□Change
			
			□Remove
			□Add
			□Remove
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fective date, if other than the date in effective date is listed, the date must be spate: If the date inserted in this block document's effective date on the Departr	pecific and cannot be pr loes not meet the app	rior to date of filing or	more than 90 days a	otional) fter filing.) Pursuant to 6 this date will not be li	:05.020 isted a:
cord specifies a delayed effective date	e, but not an effective	e time, at 12:01 a.n	n. on the earlier of:	(b) The 90th day af	fter the
s filed.					
s filed.	2021				
s filed.	· <u>2021</u>	1/			
s filed.	2021				
is filed. DECEMBER 01 ted	2021	athorized representati	ve of a member		