## L19000141227

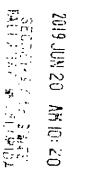
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## **COVER LETTER**

TO: Registration Section Division of Corpor				;
SUBJECT:	RAFTY Name of Limi	DESIGNS ited Liability Company		<u>. C</u>
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	TRACY A	MANDA Name of Person	GRIF	<del>YITH</del>
		OESIGN. Firm/Company		
	4901 RE	Cais Coc	RT	
_	ORLANDO, Krafty de			
For further information conc				
Teacy C	TRIANH	at ( <u>407</u> )	600 Daytime Telepi	0368
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$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

KRAFTY DESIGNS

( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) i Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L19000141</u>	Company were filed on $05/28/19$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	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	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of the neress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Dlanid.
	, Florida
New Registered Agent's Signature, if changing Registered	•

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

MGR = Mar AMBR = Aut	nager horized Member					
<u>Title</u>	<u>Name</u>	$\circ$	Address			Type of Action
<u>MGR</u>	TRACY	GRIFFITH	4901	REGIS	CT, DEL, 3	328 1 Add
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

\_□ Change

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<u>te:</u> If the date i	other than the listed, the date mu inserted in this b ive date on the D	lock does not i	meet the applic	able statutory f	r more than 90 day ling requirement	( <b>optional)</b> s after filing.) Pe s, this date wil	rsuant to 605.020 I not be listed a
	ifies a delaye			ot an effectiv	e time, at 12	:01 a.m. on	the earlier (
ed <u>06</u>	117/		2019	7	$\triangleright$		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00