LZ0000058676

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lydia Cromity Namo of Person
Cromity Enterprises, Inc
25 N. Market St 1st FL
Jacksonville FL 32202 Chy/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lydia Cromity at 904, 415-5117 Name of Person Area Code Daytime Telephone Number
inclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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 Address:

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

(Name of the Limited Lability Comp (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000058676</u> .	y were filed on $\frac{2/21/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation "L.C." 25 N. Market St. 1st F/ Jackson VIIIe, FL 32202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25 N. Market St. 7st.F1 Jacksonville, FL 32707
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address , Florida

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

Zip Code

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** Name Address Type of Action Cromity Enterprises, Inc 25 N. Market St 1st Fl Draw Jackson Ville, FL 32202 . DRemove MGR Lyric Cromity 281 Auburn Daks Rd E DAGG Jacksonville, Fl 32218 Externove 281 Auburn Daks Rd E Topol Laila Cromity Jacksonville, FL 3228 = Themove ි □Change Londyn Thomas 281 Auburn Daks Rol E DANG Jacksonville, FL 32218 DREMOVE _____ Change _____ 🗀 Add ___ □Remove

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior	to date of filing or mo	(option re than 90 days after f	nal) iling.) Pursi	ant to 605.02
If the date inserted in this block does not meet the applic iment's effective date on the Department of State's records	able statutory filing			
ord specifies a delayed effective date, but not an effective ti	ime, at 12:01 a.m. or	n the earlier of: (b)	The 90th	day after th
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