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COVER LETTER

	E,**	ition Sec of Corp	rtion porations		
01 18 II 2	Sal	 ty Beach	Crafty Creations LLC		
SUBJEC	1:	1	Name of Lim	ited Liability Company	_
			Amendment and fee(s) are sub	_	
Please ret	urn all o	;∞rrespoi 1	ndence concerning this matter	to the following:	
			Dannielle Flaskerud		
				Name of Person	
				Firm/Company	
			2390 Ne Rustic Way		
				Address	
		1	Jensen beach, fl 34957		
			Dlcopus86@gmail.com	City/State and Zip Code	
		† 	= =	to be used for future annual report notification)	-
For furthe	er inforr	nation co	oncerning this matter, please ca	all:	
Dannielle	e Flaske	rud		772 475-0084	
		Name of	Person	Area Code Daytime Telephone Nu	nber
Enclosed	is a che	ck for the	e following amount:		
\$ 25.0	00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
<u> </u>	Mailing	Address	<u>u</u>	Street Address:	
Registration Section			ection	Registration Section	
Division of Corporations			Division of Corporations		
		ox 632		The Centre of Tallahassee 2415 N. Monroe Street, Suit	a 2 10
ı	ranana	15566, 1	L 32314	Tallahassee, FL 32303	C 010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Récreated Graphics LLC		2022 JUL
(Name of the Limited Li (A FI	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili		and assigned
Florida document number		一点。
This amendment is submitted to amend the following	g:	AH 9: 15
A. If amending name, enter the new name of the	limited liability company here:	
Salty Beach Crafty Creations LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicables	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer t torida street adaress	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	•	engr Cirac

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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
	i		□Remove
			☐ Change
			□Add
			□Remove
	<u></u>		□Add
			□Remove
	:		□Add
			Remove
			□Change
			Remove
			☐ Change

f amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)
		
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an effect Note: If locumen record s	e date, if other than the date of filing:	g.) Pursuant to 605.020 e will not be listed a
is filed		~3
ated	July 327 . 8022	2022 JUL - ÄLLAHÄ
	Signature of a member or authorized representative of a member	HANSE -8
	- ·	1,,
	Domielle Flashend Typed or printed name of signee	AM 9: 13

Filing Fee: \$25.00