## L20000 124511

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

CRAFTAR? SUBJECT:		ited Liability Company	
	Name of Bin	act Bashiy Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	MARCOS REZENDE		
	<del></del>	Name of Person	
	CSG - CAPITAL SERVIC	ES GROUP INC	
		Firm Company	· · · · · · · · · · · · · · · · · · ·
	1191 E NEWPORT CENT	ER DR #103	
		Address	1
	DEERFIELD BEACH, FL	. 33442	
		City/State and Zip Code	
	marcos@thewaygroup.biz		
	E-mail address: (	to be used for future annual report not	ification)
For further information ec	oncerning this matter, please c	all:	
MARCOS REZENDE		954 427-4770 	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Se	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRAFTART LLC

201. **N**20 M 3: 23

(Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed on 05/0	07/2020 and assigned
Florida document number L20000124511		
This amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>:e</u> ;
ART FACTOR DRYWALL SYSTEMS LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	···-
(Principal office address MUST BE A STRE	ET ADDRESS)	
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our re	cords, enter the name of the new registere
Name of New Registered Agent:	CSG - CAPITAL SERVICES GROUP INC	
New Registered Office Address:	1191 E NEWPORT CENTER DR	#103
	Enter Flori	da street address
	DEERFIELD BEACH	, Florida <u>33442</u>
	City	Zip Code

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 \(\) 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Add
			□Remove
		<del></del>	Change
	<del></del>		□Add
			□Remove
			□Remove
			Change
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			- Change

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	06/23/2020			
300	1		(optional)	
Effective date, if other than the	date of filing:	to date of filing or more than 90	) days after filing.) Pursuant to 605	.0207 (
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