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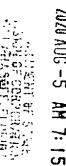
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COVER LETTER

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f Limited Liability Company	····
e submitted for filing.	
atter to the following:	
Fatima Rollins	
Name of Person	·
lot's Got Crafting	LLC
Firm/Company	
S. H. Steel Am 2	
Address	- · - · · · · · · · · · · · · ·
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is Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	(additional copy is enclosed)
Street Address:	
Registration See	tion .
	Fatima Rollins Name of Person Let's Get Craftin Firm/Company W 11 Street Apt 2 Address Beach, FL 33009 City/State and Zip Code FCraftin 11 Ogmail. Coress: (to be used for future amual report notifies call: at (305) 725- Area Code Daytime Street Address: Street Address:

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

TO:

Registration Section

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

1387

Name of the Limited Liability Con	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>2000/55405</u>	pany were filed on June_ B_12020 assigned	
This amendment is submitted to amend the following:	· · · · ·	
A. If amending name, enter the new name of the limited I N N The new name must be distinguishable and contain the words "Limited I.	Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u>N</u> H	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	fice address on our records, enter the name of the new register	<u>ed</u>
Name of New Registered Agent:	$\mathcal{A}\mathcal{A}$	
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.

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
1Mgr	Fatima Rollins	212 SW 11 Street 1/pt 2	_ ICAdd
		Harbadale Beach, Fl 33009	
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<u>ote:</u> Hit	he date inserted	in this block do	es not meet	the applicabl	e statutory fil	ing requirem	ents, this date v	vill not be listed a
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