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COVER LETTER

Orthon of Zan has anous	TO: Registration Section Division of Corporations					
SUBJECT: Crazy Plane LLC Name of Limited Liability Company						
Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Junes Alexander Name of Person						
Crazy Plane LLC						
648 RIVES FUREST La.						
51. Augustine FL 32092						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
7. 0. 1/2. //2.						
Tames Alexander at (352) 284-2426 Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
∑\$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810						

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crozy Plan 110

(Name of the Limited Liability Con	ppany as it now appears on o	our records)				
(Name of the Limited Liability Con (A Florida Limite	ed Liability Company)	,				
The Articles of Organization for this Limited Liability Compa	ny were tiled on	14/20 and assigned				
Florida document number L 2000/89390						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited li	ability company here:					
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		·P-41				
Enter new mailing address, if applicable:						
***	~					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	s, enter the name of the new registered				
Name of New Registered Agent:						
New Registered Office Address:						
- · · · · · · · · · · · · · · · · · · ·	Enter Florida str	vet address				
	, Florida					
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
D: <u>rect</u> or	Earl Douglas	120 Istoria Dr	S>Add
		120 Istoria Dr St. Augustin, FL 32095	□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Signature of a member or authorized representative of a member Tanes P Alex conder III