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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
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| PICK-UP WAIT MAIL |
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| TO: Registration Sec Division of Corp | | · · · | |
|--|--|---|--|
| SUBJECT: | DAVE CRAT | ted Liability Company | : |
| | Name of Limit | ted Enability Company . | * |
| The enclosed Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspor | dence concerning this matter t | to the following: | |
| | CHA | ARLES D. CRI | 970N |
| | | Name of Person | |
| | | Firm/Company | |
| 2 | 420 ALBURT | AVE. DELT | TONA, FL. 32738 |
| | 0 ~ | Address | 32738 |
| | 022 | TONA, FL . City/State and Zip Code $N = 2000$ | 10400 004 |
| | E-mail address: (t | n = 2000 (d) / to be used for future annual report noti | fication) |
| For further information co | oncerning this matter, please ca | | |
| DA"VE C | | at (727) 599 Area Code Daytim | e Telephone Number |
| Name of | 10.501 | | |
| Enclosed is a check for th | e following amount: | | |
| 12 \$25,00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S | | <u>Street Address:</u> Registration Se | ction |
| Division of C | | Division of Cor | porations |
| P.O. Box 632 | | The Centre of T | Tallahassee e Street, Suite 810 |
| Tallahassee, F | 'L 32314 | Z415 IN. MODEO | c succi, suite o iv |

Tallahassee, FL 32303

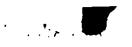
ARTICLES OF ORGANIZATION OF

| | CATON DAN TEC |
|---|---|
| (Name of the Limited Lia (A Flo | bility Company as it now appears on our records.) orda Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number | y Company were filed on TUNE 30 2020 and assigned 5 499 |
| This amendment is submitted to amend the following | <u>;</u> : |
| A. If amending name, enter the new name of the $CHRLES$ | DAVID CRATON 116 |
| 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 applicable: | 2420 ALBURT AVE |
| (Principal office address MUST BE A STREET AL | DECTONN 32-73 3 32-73 |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX | |
| B. If amending the registered agent and/or regist | tered office address on our records, enter the name of the new registere |
| agent and/or the new registered office address he | <u>rre</u> : |
| Name of New Registered Agent: | CHARLES DAVED CRAJEN |
| New Registered Office Address: | Enter Florida street address |
| _ | , Florida |
| | City Zip Code |
| N. D. Land A. L. Cianatura if abanqing Rouis | stered Agent: |

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 Changing Registered Agent, Signature of New Registered Agent



MGR = Manager AMBR = Authorized Member

| <u>Titte</u> | Name | Address | Type of Action |
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| ffective date, if of | her than th | ne date of fi | iling: | | | | | _ (optic | nai) | | . 405 0 907 |
| .ffective date, if of an effective date is lis <u>vote:</u> If the date ins locument's effective | erted in this | block does n | iot meet t | he applica | o date of h ble statut | ding or mor ory filing : | e man 90 c requirem | ays aner ents, this | date wi | ll not b | e listed as |
| record specifies a d | elayed effect | tive date, but | not an e | ffective tin | ne, at 12: | 01 a.m. on | the earli | er of: (b |) The 9 | 00th đay | after the |
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| Dated 0 | | cha | NEL | er or autho | | · · · · | | | | | _ |

Typed or printed name of signee