## L20000296331

(Re	equestor's Name)	
(Ad	ldress)	
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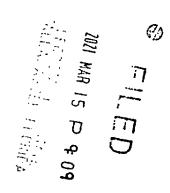
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## **COVER LETTER**

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eun ira	Cloth and C	Crate Bontique, LLC	•	
SUBJEC	l:	Name of Uim	ited I tability Company	<del></del>
The enclos	sed Articles of	Amendment and feets) are sub	omitted for filling.	
Please ren	ım all correspo	ondence concerning this matter	to the following:	
		Raven L Capps		
		***************************************	Name of Person	······································
		Cloth and Crate Boutique,	LLC	
			Liria Company	
		15564-176th Street		
			Address	And the bands of south All the second and the secon
		Live Oak, FL 32060		
			City/State and Zip Code	
		elothanderate@outlook.com		
1 1			to be used for future annual report notifi	cation)
		oncerning this matter, please c	all:	
Raven L (	· · ·		904 646-7100 at ()	
	Name o	d Person	Area Code Daytime	l'elephone Number
Enclosed i	is a check for tl	he following amount:		
EZ \$25.01	0 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	LI \$55,00 Filing Lee & Certified Copy additional copy is naclosed)	[2] \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
				tion tion
R Ը թ	dailing Addres Registration 5 Division of C 2.O. Box 632 fallahassee, I	Section forporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	operations allahassee Street, Suite 84.0

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION ÓF

Cioin and Crate Boutique, LLC		
( <u>Name of the Limited Liability Comp</u> a (A Florida Limited)	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company for ida document number $\frac{1.20000296331}{1.0000296331}$	were filed on September 21, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		1
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
N 46		QD.
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the r	name of the new regist
Name of New Registered Agent:		
		- <sup>O</sup> 77
New Registered Office Address:	Enter Florida street address	
		0
	, Florida	Zin 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.

Zip Code

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>	<u>Address</u>	,	Type of Action
MGR	Katelynn McCoy	2144 NW 86th Blvd		_ 🗆 Add
		Jasper, Ff. 32052		_ <b>≘</b> Remove
				_ [] Change
			·	_ □Add
				_ □Remove
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			7021 5 121	_ □Remove
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Effective date, if oth	ier than the date of	f filing:	a date of filing or more	than 00 days after 616-	Pussing to 605 0307 (
If an effective date is listed <u>Note:</u> If the date inser	d, the date must be spec rted in this block doe:	rific and cannot be prior to s not meet the applica	o date of filing or more ble statutory filing re	than 90 days affer filing equirements; this date	Pursuant to 605,0207 (2 will not be listed as th
I an effective date is listed <u>Note:</u> If the date inser	d, the date must be spec rted in this block doe:	rific and cannot be prior to s not meet the applica	o date of filing or more ble statutory filing re	than 90 days affer filing equirements; this date	
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Effective date, if oth If an effective date is listen Note: If the date insert document's effective of the record specifies a deford is filed.	d, the date must be spectred in this block does late on the Departme layed effective date. F	rific and cannot be prior to s not meet the applica ent of State's records. out not an effective tin	nc, at 12:01 a.m. on . 	than 90 days after filings equirements; this date.	

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