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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

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		IVE CRAFTSMAN, LLC	ŕ	•
SUBJECT	:	Name of Lim	ited Liability Company	_
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL ROBINSON				
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		MICHAEL ROBINSON		
			Name of Person	
		ROBINSON ACCOUNTIN	NG SERVICE	
			Firm/Company	.
		2335 E. BALDWIN RD.		
			Address	
		PANAMA CITY, FL 3240	5	
			City/State and Zip Code	
		_		
For further	information co		·	
MICHAEL	. ROBINSON			
	Name of	f Person		nber
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	_	Certified Copy Certi (additional copy is enclosed) Certi	ficate of Status & fied Copy
Ro D P.	egistration Sivision of C O. Box 632	Section orporations 7	Registration Section Division of Corporations	te 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVATIVE	E CRAFTSMAN, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	l <mark>ity Company as it now appears on our reco</mark> da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Company were filed on 10/26/2020	and assigned
Florida document number L20000339665		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		r i
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		- ` Ui
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	· ·	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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
AMBR	GARRETT W. YOUNGBLOOD	4018 JENKINS RD.	■Add
		YOUNGSTOWN, FL 32466	□Remove
			□Change
			□Add
			□Change
			□ Add
			Remove
			Add Grant
			□Change
			□Add
			□Remove
			Change
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effective date, if other than the offective date is listed, the date must	date of filing: be specific and cannot be prior to date of fi	(optional) iling or more than 90 days after filing.) P	ursuant to 605.02
e: If the date inserted in this blo iment's effective date on the De	ock does not meet the applicable statute	ory filing requirements, this date wi	ll not be listed:
iment's effective date on the De	partition of State's records.		
and annotified a delegad affective	e date, but not an effective time, at 12:0	Al a months earlier of the The C	Oth day after th
ifiled.	date, but not an effective fine, at 12.0	or a.m. on the carner or. (b) The	our day after th
d	2021		
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	Signature of a nymber of authorized representations	.d/	