L21000015998

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer Moderate Cunthia NARCRI GRUE Permission to charge Marie on Amendment 1115/21 45

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COVER LETTER

TO: Registration Division of C				
Castomiz	ed Crafts by Cindy, LLC	••	•	
SUBJECT:	Name of Limit	ed Liability Company		
The enclosed Articles	of Amendment and fee(s) are subr	nitted for tiling.		
Please return all corres	pondence concerning this matter t	o the following:		
	Cynthia Rangel			
		Name of Person		
		Ficus/Company		
	691 Martin Luther King Jr			
		Address	2021 \$11.6 17	
	Wauchula, FL 33873		E B	
	cindyrangeH968@gmail.co	City/State and Zip Code m	19 PM	
For further information	E-mail address: (n concerning this matter, please o	to be used for future annual report notification)	PM 3:21 OF STATE SEE FL	
Cynthia Rangel		863 781-0708 at ()		
Nan	ie of Peison	Area Code Daytime Telephone	e Number	
Enclosed is a check for	or the following amount:			
7 S25.00 Filing Fee		Certified Copy (additional copy is enclosed)	660.00 Filing Fee. Certificate of State Certified Copy (additional copy is enc	
Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	sec	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Customized Crafts by Cindy, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on $\frac{01/02/2021}{}$	and assigned
Florida document number L21000015998		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		Cindy LLC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation"	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20 T.
1		
Enter new mailing address, if applicable:		9
(Mailing address MAY BE A POST OFFICE BOX)		SEE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records. <u>en</u>	ter the name of the new register
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida steeet ad	dross
		. Florida
· ·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	c performance of my duties provided for in Chapter 60	e, and I am familiae with and 95, F.S. Or, if this document is
Į i Ch:	anging Registered Agent, Signatu	ire of New Registered Agent

1	d from our records:		
MGR = 3 $ AMBR = 3$	Manager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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Đ	. Ifam	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E.	(If an c Note:	tive date, if other than the date of filing:	to 605.0207 (3)(be listed as the
	the reed	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day filed.	y after the
	Date	2/13/2021 2021 Cynthia Rangel	
		Signature of a member Cauthorized representative of a member	_
	t 1	Cynthia Rangel	
	i	Typed or printed name of signee	