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COVER LETTER

TO: Registration Se Division of Cor			
Ι	-VECITIVE 1	CRAFTSHAN	11.0
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RONALD	MARIN Name of Person	
		Firm/Company	
	3324 SAC	NAMENTO WAY	
	ronaldosm E-mail address:	FL 34105 City/State and Zip Code artrealty home to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca		·
PONAUD	MARIN	at (239) 330	O 2 85 Telephone Number
Name o	i Person	Mea Code Dayting	e retephone soumoer
Enclosed is a check for the	he following amount:		
\$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 Division of C	Section	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632 Tallahassee.		The Centre of T	allahassee e Street, Suite 810
rananassee.	にし フキシェマ	ETIJ N. MIOINOV	COMPER CHAIN OIC

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXECUTIVE CRAFTSHAN 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 were filed on <u>JAN 15</u> ⁴⁴ Florida document number <u>L 210000 34</u> 245	~ and as:	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
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:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office address on our records, enter the nagent and/or the new registered office address here:	ame of the ne	w registered
	021 F	
Name of New Registered Agent:		
New Registered Office Address:	· =	
Enter Florida street address	PA	4 4 Laure Secure
Florida	/ N	
City	Zipregae	

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, <u>enter the title, name, and address of each person_being adopted from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	MARIN, RONALD	3324 SACRAMENTO WAY	
		NAPLES. FL 34105	■Remove
			Change
AMBR	AMBR MARIN, RONALD	3324 SACRAMENTO WAY	
	NAPLES, FL 34105	□Remove	
			□Change
			□Add
			Remove
			□ Change
			DAdd
			Remove
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			Change
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor	d 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 led.
Dated .	February 07 2021 701/
	Signature of a member of authorized representative of a member
	ZONALD MARIN
	Typed or printed name of signee