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T. MATTHEWS APR 1 8 2022

COVER LETTER

	istration se ision of Cor			:
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Southern Craftsman LLC Name of Limited Liability Company			
Please return	all correspo	ndence concerning this matter	to the following:	
		Crystal Lucas		
			Name of Person	
			Firm/Company	
		11215 159th Ct N		
		luniter Florida 33.178	Address	
		Jupiter, Frontia 35476	City/State and Zin Code	
		Southerneral'tsmanmarine@		
				fication)
For further in	formation co	oncerning this matter, please ca	all:	
Crystal Luca:	s			
-	Name of	f Person	Area Code Daytin	te Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



22 APR -5 PM 3: 47

Southern Craftsman Marine LLC		.
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L21000118969		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	ida
	City	ida 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.

City

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
AMBR	Crystal Lucas	11215-159th Ct N	■Add
		Juptier, Florida 33478	□Remove
			□Change
			🗆 🗆 🗆 Add
			□Remove
		·	□Change
			□Add
			□Remove
			□Change
			□Add
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f amending any other information					
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Effective date, if other than the offen effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ick does not nicel the	заррисаоте мас	filing or more than tutory filing require	(optional) 00 days after filing.) P ements, this date wi	ursuant to 605.0207 (Il not be listed as t
e record specifies a delayed effective ed is filed.	date, but not an effe	ective time, at 1	2:01 a.m. on the e	arlier of: (b) The S	Oth day after the
Dated March 30th	. 2022	<u>.</u>			
crysta	Signature of a member	or authorized rep	presentative of a me.	nber	
	•				
Crystal Lucas		or printed name	e dili.		

Filing Fee: \$25.00