# h21000126067

(Requestor's Name)	
(Address)	700381071277
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	02/07/2201635069 **25.68
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Q. SILAS	PH 4: 3
FEB 2 2 2022	

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## **COVER LETTER**

Division of Corporations
SUBJECT: CRC Unique Clothing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cindy Hicks Name of Person
Polt Sourt Lucie, 719, 34983 City/State and Zip Code  Cindy trazo yahoo, Com  L-mail address: (to be used filt future annual report notification)
For further information concerning this matter, please call:
Cindy Hicks  at (77a) 475-4358  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
SS25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

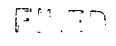
Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CRC Unique Clothi (Name of the Limited Liability Compa (A Florida Limited)	12 FEB -7 PM 4: 3
The Articles of Organization for this Limited Liability Company Florida document number \( \begin{array}{c} \lambda \lambda \text{DDD} \rangle \lambda \text{DDD} \rangle \text{DDD} \rangle. \end{array}	2/19/201
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabi  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)	922 St Damask Aug Port Saint Lucie, 419 3498
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Hicks
New Registered Office Address: 423	SE DAMOSH (HUE)  Enter Floridu street address
Port So	int Lucie Florida 34983

### 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 = 3 $AMBR = 3$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
mar	<u>Cindy Hicks</u>	922 St Damosk Au	Add
	J	922 S€ DAMOSK Ave Port Scint Lucie, 76 349	E 3 Remove
	Λ.	<del></del>	□Change
MGR	Chrissy Thompkins	, 1904 Ave K Apt A	Add
		Fort Pierce, 71a 34	350 □Remove
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tote: If the dat	if other than the date institute inserted in this bloc ctive date on the Dep	k does not n	neet the applic	able statutory fi	more than 90 day ing requiremen	(optional) ys after filing.) Pr ts, this date wi	ursuant to 605,0207 Il not be listed as
record specifie is filed.	s a delayed effective o	late, but not	an effective ti	me, at 12:01 a.n	n. on the earlier	of: (b) The 9	0th day after the
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	Si	gnature of a n	nember or autho	orized representati	ve of a member		<u></u>
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Filing Fee: \$25.00