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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

COVER LETTER

TO: Registration Section
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

Firm/Company

922 SE DAMASK AVE
Address

Port Saint Lucie, Fla, 34983
City/State and Zip Code

Cindy.tr22@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Hicks at 772 475-4358
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

FILED

CRC Unique Clothing LLC

2022 FEB -7 PM 4:31

(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 3/17/2021 and assigned
Florida document number LA10001260.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CRC Unique LLC

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)

922 SE Damask Ave
Port Saint Lucie, Fla 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

922 SE Damask Ave
Port Saint Lucie, Fla 34983

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Cindy Hicks

New Registered Office Address:

922 SE DAMASK AVE

Enter Florida street address

Port Saint Lucie, Florida 34983

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
<u>MGR</u>	<u>Cindy Hicks</u>	<u>922 SE DAMASK AVE</u>	<input checked="" type="checkbox"/> Add
		<u>Port Saint Lucie, Fla 34983</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Chrissy Thompson</u>	<u>1904 Ave K Apt A</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Pierce, Fla 34950</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 03/03/2022, 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Cindy Hicks
Typed or printed name

Typed or printed name of signee