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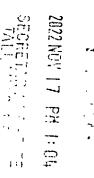
(Requestor's Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	Crooked C	XCCV, CUSTOY'IS ed Liability Company			
The enclosed Articles of a	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspon	ndence concerning this matter to	the following			
	Ches	la Dietnich			
	Crooke	1 Creek Customs L	LC		
	8502. No:	th Lagoon Drive	:	2022 HI SECR	الواجعة الواجعة
	<u>Para</u>	ma Cty, FL 324/ City/State and Zip Code	08	OV 17	
		CUSTUMS 850 @ 9 me		2022 NOV 17 PH 1: 04 SECRETARILY AND STATE	. داده داده
For further information co	oncerning this matter, please cal	ì		मं म	
Chellea Name of	LIPETSON	at (\$50) 32-le- Area Code Davinne	0445 elephone Number		
Enclosed is a check for the	ne following amount:				
X \$25 00 Filing Fee S25 00 Filing Fee	! \$30.00 Filing Fee & Certificate of Status	7 \$55,00 Filing Fee & Certified Copy additional copy is enclosed)	Certified C	of Status &	
Mailing Addres	<u></u>	Street Address:			

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

(Name of the Limited Liability Con (A Florida Limi	mpany as it now appears on our record Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Compa			and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and contain the words "Limited I. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		A.C" or the abbres	nation "L	1. (
Enter new mailing address, if applicable:		ن 	202	
(Mailing address MAY BE A POST OFFICE BOX)		ACC CALL	2 NOV 17	***
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>en</u>	ter the name o	f thể ne	w.registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ad	dress		
		, Florida	Zip Code	
	Ciny		$ZH^{\dagger} \cup HW^{\dagger}$	

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>	Address	Type of Action
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		Panama City, FL 32408	X Remove
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vote: If the date ins	serted in this block does red date on the Department		iote statutory timeg	requirements, un	s date with	Title OC 1	isted as
document's effective							
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