L21000150588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700369829017

07/16/21--01013--007 **30.00

FILED
2021 SEP 20 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 20 AM 11:29

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2021

FINER CRAFTS INC.
413 NE 12TH COURT
CAPE CORAL, FL 33909

SUBJECT: FINER CRAFTS INC.
Ref. Number: L21000150588

We have received your document for FINER CRAFTS INC. and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 821A00018246

# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINER CRAFTS LLC

The enclosed Articles of Amendment and [illegible] are submitted for filing.

Please return all correspondence concerning this matter to the following:

RHIANNA MCMULLEN
Name of Person

FINER CRAFTS LLC
Firm/Company

413 NE 12TH COURT
Address

CAPE CORAL, FL 33909
City/State and Zip Code

FINERCRAFTS@GMAIL.COM
Email address (to be used for future annual report notification)

For further information concerning this matter, please call:

RHIANNA MCMULLEN at 239 258-2349
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

FINER CRAFTS INC

(Name of the Limited Liability Company as it now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on [illegible] and assigned Florida document number L21000150588.

This amendment is submitted to amend the following:

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

FINER CRAFTS 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)***

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

FILED
2021 SEP 20 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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

New Registered Office Address: _____
*(Enter Florida street address)*

_____, Florida _____
*(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

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |

**D. If amending any other information, enter change(s) here:** *(Use additional sheets if necessary.)*

EIN: FEIN IS 86-2968280

**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 68.020(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: (1) The 90th day after the record is filed.

Dated JULY 14 2021

Signature of [illegible] [illegible] of Organization or Applicant

RHIANNA McMULLEN

Printed Name of [illegible]