L21000152869

(Requestor's Name)	_
(Address)	_
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(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	

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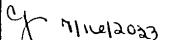


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COVER LETTER

TO:	Registration S Division of Co					
cuin u	Aeonic So	lutions LLC				
SUBJ	SUBJECT:Name of Limited Liability Company					
The en	closed Articles o	f Amendment and fee(s) are sub	unitted for filing,			
Please	return all corresp	ondence concerning this matter	to the following:			
		Joanne Cleveland				
			Name of Person	. = (2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(
		ዋደውነገር A connic Solutions LLC				
			Firm/Company			
		2944 Lawrence Dr				
			Address	··		
		Melbourne, Fl 32901				
		 	City/State and Zip Code			
		joannecleveland2@icloud.c	om to be used for future annual report not	(Fastian)		
For fur	ther information	concerning this matter, please of	•	me auon)		
	: Cleveland		321 5253633			
		of Person	at ()	ne Telephone Number		
Enclose	ed is a check for	the following amount:				
□ \$2	5.00 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 Se Division of Cor The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee oe Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aeonic Solutions LLC

2023 MAY 19 AH 11: 04

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

		三角 医二二氏纤维性
The Articles of Organization for this Limited Liability Comp	pany were filed on April 1st, 2021	and assigned
Florida document number L21000152869		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Teachers Craft Too 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 ADDRES.	5)	
-		
Enter new mailing address, if applicable:	PO Box 61209	
(Mailing address MAY BE A POST OFFICE BOX)	Palm Bay, Fl 32906	
B. If amending the registered agent and/or registered of	fice address on our records, enter the	name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		 	□Add
			□Remove
			□Change
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ffective date, if other	than the date of filin	g:		(optional)	
f an effective date is listed. Note: If the date inserte					
	e on the Department of				
record specifies a delay d is filed.	ed effective date, but no	t an effective time	, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
May 15th		2023			
Janv	e Cond	nd			
(/	Signature of a	member or authoriz	ed representative of a	member	
Joanne Cleve	land				
		Typed or printed i	name of signee		