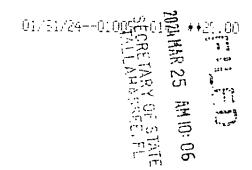
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(Document Number)
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: CNAFTY CLEANTING SOLUTIONS 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:

KATHLEEN FRAZZER	_
Name of Person	
Firm/Company	2024 3EC
354 VESTA CINCLE	REAL MARKET
Address	25
MELBOURNE, FL 32901	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	D CHURE COM

For further information concerning this matter, please call:

KATHLEEF VINAZIEN at (321) 451-5289

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

CRAFTYCLE	ANTNOSOLUTIONS WC
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 1210016402	Company were filed on 06/07/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	2024 MAR FOLKE
(Mailing address MAY BE A POST OFFICE BOX)	AHR 25
P. If amonding the registered agent and/or registered	ed 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
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Registere	cd 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

Litte	Name	Address	Type of Action
RALMER	ROBERT FRAZZER	354 VESTA CINCLE	_ <b>X</b> Add
		MELBOURNE, FL3290	<u> </u>
		<del></del>	Change
Man	14ATHEEN FRAZIEN	354 VESTA CINCLE	<b>X</b> Add
		MEHOGUNNE, FL 329	<b>01</b> □Remove
			□Change
Amen	MELTNOA BAKEN	354 VISTACTICLE	🗆 Add
		MELBOURNE, FL 3298	L □Remove
			Change
			25 A SECOND
			OF SEPTE
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Filing Fee: \$25.00