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COVER LETTER

TO:

TO: Registration So Division of Cor					
CROWN F	CROWN HOLDINGS GROUP, LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MANUEL SALDANA				
	-	Name of Person			
	CROWN HOLDINGS GR	ROUP LLC			
		Firm/Company	<u> </u>		
	6903 GUNN HWY				
	1	Address			
	TAMPA, FL 33625				
		City/State and Zip Code	·		
	manuel@crowninsgroup.co				
	E-mail address: (to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:			
Manuel Saldana		813 933-9990 at ()			
Name of Person			ne Telephone Number		
Enclosed is a check for t	he 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		Street Address: Registration Se	ection		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 632	27	The Centre of	Γallahassee		
Tallahassee,	FL 32314	2415 N. Monre	be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROWN HOLDINGS GROUP, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000309139}{L21000309139}$.	were filed on <u>07/06/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
	6903 GUNN HWY	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33625	2022
		<u>سے</u> ہے،
3. If amending the registered agent and/or registered office	address on our records, <u>enter the</u>	name of the new registe
gent and/or the new registered office address here:		
		MILES S
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u></u>
	Enter Florida street address	
	. Floric	la
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CINCINIAL DISTRICT CONTROL LA CO

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 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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			□Remove
			□Add
			□Remove
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ecord specifies a delayed effective of is filed.	late, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 12	2021		
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L.			
Si		e / Saldang	